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DLN: 93493134024183

# Form **990**

Department of the Treasury

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2011

Open to Public Inspection

The organization may have to use a convention return to catisfy state reporting requirements

ntemal	Revenue	Service P The organization may have to use a copy of	r cins recurr to s	aciony occ	tto reporting require	memes	Inspection			
A Fo	r the 2	2011 calendar year, or tax year beginning 07-01-2011	and ending 06	-30-2012						
<b>B</b> Ch	eck ıf a <sub>l</sub>	pplicable C Name of organization Thomas Jefferson University Hospitals Inc			D Emp	ioyer ia	entification number			
Add	dress ch				_	282909 <b>ohone n</b>				
_ Na	me cha				E Terep	none n	umber			
— Init	tial retui	Number and street (or P O box if mail is not delivered	to street address)	Room/suite		5)503-				
– <sub>Tei</sub>	rmınate	111 South 11th Street	to street dudiess,	rtoom, saict	<b>G</b> Gross	receipts	\$ 1,626,874,670			
— <sub>Ат</sub>	nended i	return City or town, state or country, and ZIP + 4			_					
_		Philadelphia, PA 191074824								
API	plication	pending								
		<b>F</b> Name and address of principal officer David P McQuaid			H(a) Is this a grou	ıp retur				
		111 South 11th Street			affiliates?		⊤Yes ▼ No			
		Philadelphia,PA 191074824			H(b) Are all affiliate	s inclu	ded?			
_					If "No," attac	:h a lıst	: (see instructions)			
[ la	x-exem	pt status	947(a)(1) or   5	27	H(c) Group exem	ption ni	umber ►			
ı w	ebsite	::▶ WWW JEFFERSONHOSPITAL ORG								
<b>∢</b> For	m of ord	ganization Corporation Trust Association Other			L Year of formation	1995 <b>I</b>	M State of legal domicile PA			
	rt I	Summary					,			
		Briefly describe the organization's mission or most signi	ficant activities							
	1	Attachment 1	meane decivities							
Governance	-									
<u> </u>	-									
<u> </u>	, -	Check this box 📭 if the organization discontinued its o	nerations or dis	nosed of	more than 25% of i	ts net a	ssets			
3		Number of voting members of the governing body (Part \			more than 25 % or r	<b>3</b>	22			
ø.	1	Number of independent voting members of the governing				4	21			
Acuvines &	1	Fotal number of individuals employed in calendar year 2		•		5	9,381			
	1	Fotal number of volunteers (estimate if necessary) .		e 2a) .	• •	6	415			
3	1	Fotal unrelated business revenue from Part VIII, colum				7a	12,803,217			
		Net unrelated business taxable income from Form 990-				7b	-56,767			
	<del>  "</del>	vet americae pasmess taxable meonic monit of missos	1,11110 31 1	'	Prior Year	1 75	Current Year			
	8	Contributions and grants (Part VIII, line 1h)			7,452	061	5,156,795			
ā	9		1,409,017		1,490,605,259					
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4,	15,830		4,072,608					
Ě	10 11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	<u> </u>	,329	-22,233,486					
	12	Total revenue—add lines 8 through 11 (must equal Pa		-	-031	.,329	-22,233,460			
	12	12)			1,431,448	3,249	1,477,601,176			
	13	Grants and similar amounts paid (Part IX, column (A)	, lines 1-3 ) .		117	,672	226,500			
	14	Benefits paid to or for members (Part IX, column (A),	line 4)			0	0			
·	15	Salaries, other compensation, employee benefits (Par	t IX, column (A	), lines	505.005		600 000 577			
Expenses		5-10)			585,905	<del>.</del>	609,982,577			
₹ •	16a	Professional fundraising fees (Part IX, column (A), line		•		0	0			
五	b	Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 2,769$ ,								
	17	Other expenses (Part IX, column (A), lines 11a-11d,			784,354		831,478,260			
	18	Total expenses Add lines 13-17 (must equal Part IX			1,370,377		1,441,687,337			
	19	Revenue less expenses Subtract line 18 from line 12			61,070		35,913,839			
ලිපි දිරිප්					Beginning of Curi Year	ent	End of Year			
Net Assets of Fund Balances	20	Total assets (Part X, line 16)			1,231,538	3.242	1,397,201,704			
48 48	21	Total liabilities (Part X, line 26)		•	671,567		840,141,819			
<u> </u>	22	Net assets or fund balances Subtract line 21 from lin			559,970		557,059,885			
	11 III	Signature Block		• •	1 333,576	, , , , ,	227,033,003			
Jnde (now	r penal	ties of perjury, I declare that I have examined this return, ir and belief, it is true, correct, and complete. Declaration of p								
					2013-05-14					
Sigr	1	Signature of officer Date								
Her		NEIL G LUBARSKY CFO								
		Type or print name and title								
		Preparer's	Date		Check if Preparer's taxpayer identification num					
Paid		signature Enc M McNeil		se en	lf- nployed 🕨 🦵   (see in	struction	5)			
	arer's	Firm's name (or yours PricewaterhouseCoopers LLP	• •	· ·						
-	Only	if self-employed), address, and ZIP + 4 2001 MARKET ST SUITE 1700			EIN <b>&gt;</b>					
	_				Phone	no 🕨 (:	267) 330-3000			
		DUTIADELDUTA DA 10102				٠,٠				

PHILADELPHIA, PA 19103

May the IRS discuss this return with the preparer shown above? (see instructions) .

Form	990 (	2011)				Page <b>2</b>
Par	t III	Statement of Program S Check if Schedule O contains		•	· · · · · · · · · · · · · · · · · · ·	r
1	Briefl	y describe the organization's m	ISSION			
WE S PAT: EDU OF T QUA	SERVE IENT S CATIN OMOR LITY I	EFFERSON UNIVERSITY HOSI WE ARE COMMITTED TO 1) AFETY AND THE QUALITY OF G THE HEALTHCARE DELIVE ROW 3) LEADING IN THE INT MPROVEMENT WE ACCOMPL F THE JEFFERSON HEALTH SY	SETTING THE STA THE HEALTHCAR RY PROFESSIONA RODUCTION OF I	NDARD FOR EXCELL E EXPERIENCE 2)P LS WHO WILL FORM INNOVATIVE METHO	ENCE IN THE DELIVERY. ROVIDING EXEMPLARY C THE COLLABORATIVE HE DOOLOGIES FOR HEALTH	OF PATIENT CARE, LINICAL SETTINGS FOR ALTHCARE DELIVERY TEAM CARE DELIVERY AND
2		ne organization undertake any s nor Form 990 or 990-EZ? .	gnıfıcant program s	ervices during the year	ar which were not listed on	┌ Yes ┌ No
	If "Ye	s," describe these new services	on Schedule O			
3	servi	e organization cease conductin		nt changes in how it c	onducts, any program	└ Yes └ No
4	Desci exper	s," describe these changes on S ribe the organization's program s ises Section 501(c)(3) and 50 s and allocations to others, the	service accomplish 1(c)(4) organizatior	ns and section 4947 (a	a)(1) trusts are required to	report the amount of
4a	ON POPOLIC ON THE PROGRAND SECONOMINE OF THE PROGRAND SECONOMINE OF THE PROGRAND SECONOMINE OF THE PREPARAGE ON THE PREPARAGE	PROVIDES MEDICALLY NECESSARY SEIDLICIES ESTABLISHED BY TJUH AND ARE IES ALLOW FOR THE PROVISION OF FINE PATIENT CHARGES FOR SERVICES FRAM SERVICE REVENUE TJUH COMPLIEDS TO IDENTIFY AND MONITOR THE SUPPLIES FURNISHED SUCH AMOUNTS PROVIDED BY TJUH WAS \$11,170,827 FLECTED SEPARATELY IN THE ACCOMPRED UNDER THE PENNSYLVANIA MEDICAL IS PROGRAM EXCEEDED REIMBURSEM ATION AND TRAINING FOR MEDICAL REDURSEMENT BY \$25,790,984 TJUH ALLIATION FOR DIABETES AND HEART DISITIONAL COUNSELING FOR OBESITY, MARATION PROGRAMS MANY OF THESE INIZATIONS, AND OTHER PARTNERS T	RVICES TO ALL PATIENT E THEREFORE NOT RES REE OR DISCOUNTED C. RENDERED TO PATIENT IES WITH THE COMMUN LEVEL OF CHARITY CAR BE HAVE BEEN EXCLUDED IN FISCAL YEAR 2012 ANYING STATEMENT OF CAL ASSISTANCE PROGR ENT BY \$62,979,935 IN ESIDENTS, NURSES ANI BESIDENTS, NURSES ANI BESIDENTS, SCREENINGS FOR MATERNAL AND CHILDBI SERVICES TARGET ARE	S REGARDLESS OF THEIR ASPONSIBLE FOR PAYMENT FARE IN CIRCUMSTANCES VIS WHO MEET TJUH'S GUID ITTY BENEFIT STANDARD ASE PROVIDED THESE RECOUNTIES FOUNCTIONAL EXPENSES OF THE COSTS OF PROVING FUNCTIONAL EXPENSES OF THE COSTS OF PROVING FUNCTIONAL EXPENSES OF THE COSTS OF THE COSTS OF THE COMMUNITY SERVICES SURE STROKE AND CANCER RIRTH EDUCATION, AND YOURS OF HEALTH DISPARITY	FOR ALL OR A PART OF THEIR HEAVHERE REQUIRING PAYMENT WOLLINES FOR CHARITY CARE ARE SEED SET FORTH IN REVENUE RULINGUED THE AMOUNT OF CEED TO THE PROVISION FOR BAD DEBTS, SERVICES ARE PROVIDED TO PATE DING SERVICES TO ELIGIBLE WELKEMPT PURPOSE TO BENEFIT THE OFESSIONALS AMOUNTS EXPENDICH AS THE PROVISION OF SUBSICH AS THE PROVISION OF SUBSICH AND INCLUDE WORKING WITH SEATH OF SUBSICH AS THE PROVISION OF SUBSICE OF SUBSICH AS THE PROVISION OF SUBSICH AS THE PROVISION OF SUBS	QUALIFY FOR CHARITY CARE BASED ALTHCARE SERVICES THESE JLD IMPOSE FINANCIAL HARDSHIP NOT SEPARATELY RECORDED IN 6.69-545 TJUH MAINTAINS HARGES FOREGONE FOR SERVICES ATES THAT THE COST OF CHARITY AMOUNTING TO \$40,533,357 WHICH IENTS IN THE COMMUNITY WHO ARE FARE RECIPIENTS WHO PARTICIPATE COMMUNITY, TJUH PROVIDES ED FOR THESE SERVICES EXCEEDED DIZED EMERGENCY SERVICES, SENIOR HEALTH EDUCATION, WORK-READY OR CAREER
4b	(Code	e ) (Expenses \$		including grants of \$	) (Revenue \$	)
4c	(Code	e ) (Expenses \$		including grants of \$	) (Revenue \$	)
4d		er program services (Describe i	n Schedule O ) ıncludıng grants (	of\$	) (Revenue \$	)
4e	Tota	l program service expenses►\$	1,317,043,4	58		

art IV	Checklist	of R	eauired	Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV $\blacksquare$	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20h	Yes	

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Management	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line $2 \cdot \cdot \cdot \cdot$	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note: All Form 990 filers are required to complete Schedule O	38	Yes	

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V $\cdot$ . $$ . $\cdot$ . $$ .	•	.୮	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	<b>1a</b> 400			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b			
		1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this			
_	return	1		
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the			
<b>5</b>	year?	3a	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account or securities account)?	4a		No
h				110
	If "Yes," enter the name of the foreign country \( \blacktriangle \) See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	See mistractions for ming requirements for Form FD F 30-22 1, Report of Foreign Ballk and Finalicial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	J 0		
·	The storing 3a of 5b, did the organization me Form 8880-17.	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
a	services provided to the payor?	'a		NO
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	,			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?  Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization	13a		
	allocated to each state			
D	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

**Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
Id	year	22		
b	Enter the number of voting members included in line 1a, above, who are independent	21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with an other officer, director, trustee, or key employee?	у 2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one of more members of the governing body?	or <b>7a</b>	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholde or persons other than the governing body?	ers, <b>7</b> b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	. 8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	the		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Interna- evenue Code.)	al		
Re	evenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10	+	No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		-	1
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	101	,	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fil the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	121	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," description in Schedule O how this was done	rıbe <b>12</b> 0	c Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	. 14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	n?		
а	The organization's CEO, Executive Director, or top management official	. 15	Yes	
b	Other officers or key employees of the organization	151	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with taxable entity during the year?	ո a <b> </b>	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
		16	Yes	
Se	ection C. Disclosure  List the States with which a copy of this Form 990 is required to be filed▶PA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c	1		
-0	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply	,		

☐ O wn website ☐ A nother's website ☑ U pon request

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► JACQUELINE GUILFOYLE CONTROLLER TJUH INC601 WALNUT ST

Phila,PA 191060000 (215)503-8958

# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0 in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(a) Name and Title  A verage hours par week (describe hours for related organizations in Schedule O)  See Additional Data Table  (b) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (c) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (describe hours for related organizations is not should be a director/trustee)  (describe hours for related organizations is not should be a director/trustee)  (describe hours for related organizations is not should be a director/trustee)  (describe hours for related organizations)  (describe hours for related organizations)  (describe hours for the director/trustee)  (describe hours for related organizations)  (describe hours for the director/trustee)  (describe hours for related organizations)  (describe hours for the director/trustee)  (de	Check this box if neither the organiz	•	lated o	rganı	ızatı	ons	compe	ensat	ed any current or fo	ormer officer, direct	tor, or trustee
for related organizations in Schedule Officer Schedule O) organizations	(A)	(B) Average hours per week	Positi more unles an	(C) Position (do not check more than one box, unless person is both an officer and a				(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
See Additional Data Table		for	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former			I
	See Additional Data Table										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	Name and Title A verage hours per week (describe			(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable Re compensation com from the organization (W- 2/1099-MISC) (W-		,	Estima amount of compen from organizat	ated of other sation the ion and
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		relat organıza	
See A	Addıtıonal Data Table						+ -					+		
												$\dashv$		
-														
												_		
												$\dashv$		
												1		
												$\dashv$		
												+		
												$\dashv$		
												+		
												+		
1b	Sub-Total	<u> </u>		<del></del>	<u> </u>	<u> </u>		<u> </u>	<u> </u>	Ι		1		
С	Total from continuation sheets							<b>F</b>						
d	Total (add lines 1b and 1c) .							<b>•</b>		8,772,972		0		956,155
2	Total number of individuals (inc \$100,000 of reportable compen						above	) who	o receive	ed more tha	an			
													Yes	No
3	Did the organization list any <b>for</b>										ated employee		163	110
	on line 1a? If "Yes," complete Sci											3	Yes	
4	For any individual listed on line organization and related organiz													
	ındıvıdual			•	•	•		•				4	Yes	
5	Did any person listed on line 1a services rendered to the organiz								_		or individual for	5		No
	ction B. Independent Con  Complete this table for your five \$100,000 of compensation fron or within the organization's tax y	highest comper n the organizatio												
		(A) me and business ad-	dress							Desc	(B) ription of services		(C Compe	
PO Bo	tte Consulting LLP ox 7247-6447 ADELPHIA, PA 191706447	The drift business da	uicss							Consulting S				5,010,075
Harmelin Associates 525 Righters Ferry Road BALA CYNWYD, PA 19004 Advertising Services								4	,459,030					
Physi PO Bo	cian Dialysis Acquisitions In ox 403008 VTA, GA 30384									Medical Sen	rices		2	2,237,640
Interp 200 N	oark Inc North LaSalle Street Suite 140									Parking Sen	vices		1	.,070,442
IMA (	CHICAGO, IL 60601 CMA Consulting											948,490		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►41

Form 99		Statement o	of Dovonus					Page <b>9</b>
Pall	,,,,	Statement	n kevenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
<u>\$</u> \$	1a	Federated cam	paigns 1a					
필드	ь	Membership du	es <b>1b</b>					
S.E	c	Fundraising eve	ents <b>1c</b>	0				
£ ä	d	Related organiz	zations 1d	120,000				
°,E	e	Government grant	s (contributions) <b>1e</b>	899,455				
고 교	f	All other contribution	ons, gifts, grants, and <b>1f</b>	4,137,340	i	i		
Contributions, gifts, grants and other similar amounts	g		ot included above butions included in 69,957					
ညီမျို	h		s 1a-1f	▶	5,156,795			
				Business Code				
Ĭ	2a	Patient Services		900099	1,421,221,541	1,421,221,541		
9. 9.	ь	Biomedical Service		811000	11,254,597	, , ,	11,254,597	
ው ጨ	<sub>c</sub>	Tissue Typing Serv		621500	740,142		740,142	
ž	d	Clinical Lab Service						
33				621500	674,535	F6 F00 F01	674,535	
Program Serwoe Revenue	e f	ALL OTHER PROGR		621500	56,714,444	56,580,501	133,943	
چ	f	All other progra	am service revenue					
<u>~</u>	g	Total. Add lines	s 2a-2f		1,490,605,259			
	3	Investment inc	ome (ıncludıng dıvıden	ds, interest				
			aramounts)	-	4,553,656			4,553,656
	4	Income from inves	tment of tax-exempt bond	proceeds -	0			
	5	Royalties		•	0			
			(ı) Real	(II) Personal				
	6a	Gross rents	5,500,737					
	b	Less rental expenses	7,967,323					
	c	Rental income or (loss)	-2,466,586					
	d		me or (loss)		-2,466,586			-2,466,586
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	140,740,718	84,405				
	b	than inventory Less cost or other basis and	141,298,126	8,045				
		sales expenses						
	C	Gain or (loss)	-557,408	76,360				
	d 8a	Net gain or (los Gross income f events (not inc	rom fundraising	*	-481,048			-481,048
Other Revenue		\$of contributions See Part IV , lin	reported on line 1c)					
φ Œ	ь	Less direct ex	a penses b					
둦	c		· (loss) from fundraising	events 🟲	0			0
-	9a	Gross income f See Part IV, lin	rom gaming activities le 19 a					
	ь	Less direct ex	penses b					
	c		(loss) from gamıng actı	vities	0			
	10a	Gross sales of returns and allo						
	b	less costofa	oods sold <b>b</b>					
	, c		(loss) from sales of inv	entory 🟲	0			
		Miscellaneou		Business Code				
		Loss on Interes	st Rate SWAP	900099	-19,766,900			-19,766,900
	b							
	°							
	d		ue					
	12	Total rayarya		· · · · •	-19,766,900			
	12	iotai revenue.	See Instructions .	• •	1,477,601,176	1,477,802,042	12,803,217	-18,160,878

5

7

е

25

f All other expenses

Total functional expenses. Add lines 1 through 24f

SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Joint costs. Check here ► 🗆 If following

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Fundraising Program service Management and Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 226,500 226,500 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 8,552,881 8,552,881 key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Other salaries and wages 468,638,827 428,033,849 39,859,715 745,263 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . 25,640,863 2,197,707 23,410,108 33,048 77,869,561 71,418,502 6,302,654 Other employee benefits . . . . . . 148,405 Payroll taxes . . . . . . . . . . . . 29,280,445 27,378,601 1,853,653 10 48,191 Fees for services (non-employees) 11 Management . . . . . 794,800 0 794,800 0 Legal . . . . . . . 0 0 Accounting . . . . . . . 405,600 405,600 564,785 0 564,785 0 Lobbying . . . . . . . . . . . . Professional fundraising See Part IV, line 17 . . Investment management fees . . . . . . 126,347 0 126,347 0 4,214,850 4,214,850 0 9,354,673 Advertising and promotion . . . . 9,354,673 0 12 2,579,474 Office expenses . . . . 26,250,658 23,665,544 13 5,640 14 Information technology . . . . . 15 Royalties . . 0 26,744,761 16 12,892,221 13,811,410 41,130 1,148,035 926,413 194,270 17 27,352 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials . . . . . 19 Conferences, conventions, and meetings . . . . 505,935 290,578 214,160 1,197 8.794,440 8.794.440 O 20 0 21 Payments to affiliates . . . 22 Depreciation, depletion, and amortization . . . . 58,423,210 53,446,137 4,977,073 0 23 37,265,951 37,265,951 0 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) Medical Supplies 268,740,545 268,740,545 0 Purchased Services 232,870,452 20,106,725 1,605,605 211,158,122 M/A Tax Assessment 53,874,043 53,874,043 0 0 Bad Debt 40,533,357 40,533,357 0 0 d

60,865,818

1,441,687,337

45,633,874

1,317,043,458

113,240

2,769,071

15,118,704

121,874,808

Part X **Balance Sheet** (A) (B) Beginning of year End of year 30, 196, 491 8,979,353 1 1 185.031.142 2 209.396.635 2 Savings and temporary cash investments . . . . . . . . . 3 205,308 3 900,468 204.647.969 221.182.718 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 0 5 0 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 0 6 0 7 0 16,719,747 8 25.133.079 9 9.700.092 10.570.722 Prepaid expenses and deferred charges . . . . . . . 1,137,516,208 Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 10a 10b b Less accumulated depreciation . . . . . 612,965,148 519,166,378 **10c** 524,551,060 161,735,534 11 153,128,552 11 78,023,234 107,356,149 12 Investments—other securities See Part IV, line 11 . . . . . . . . 12 13 3,404,171 13 2,958,445 Investments—program-related See Part IV, line 11 . . 11,337,619 11,337,619 14 14 11,370,557 15 121,706,904 15 1,231,538,242 16 1,397,201,704 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 213,308,134 17 240,598,017 17 Accounts payable and accrued expenses . 18 18 19 3,455,783 19 2,514,359 20 204.478.046 20 197.930.866 21 21 Escrow or custodial account liability  $Complete\ Part\ IV\ of\ Schedule\ D$  . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 0 23 Secured mortgages and notes payable to unrelated third parties . . . 30.347.744 23 27,227,606 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 371,870,971 219,977,861 25 D . . . . 26 671,567,568 26 840,141,819 **Total liabilities.** Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 518,670,542 27 515,752,762 Unrestricted net assets . . . . 28,977,864 28 29,117,980 28 Temporarily restricted net assets . . . . . Fund 29 12,322,268 29 12,189,143 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 559.970.674 33 557.059.885 Total net assets or fund balances . . . . . 34 Total liabilities and net assets/fund balances . . . . . 1.231.538.242 34 1.397.201.704

FGI	Check if Schedule O contains a response to any question in this Part XI			. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,477,6	501,176
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,441,6		87,337
3	Revenue less expenses Subtract line 2 from line 1	3		35,9	913,839
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		559,9	70,674
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-38,8	324,628
	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		557,0	59,885
Par	rt XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response to any question in this Part XII	• •	•	Yes	
1	Accounting method used to prepare the Form 990			165	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		<b>2</b> c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in a separate basis, consolidated basis, or both	ssued			
	Separate basis Consolidated basis Both consolidated and separated basis				1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

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As Filed Data -

DLN: 93493134024183

OMB No 1545-0047

Inspection

### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**Public Charity Status and Public Support** 

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization

Employer identification number

		erson Unive	ersity Hospitals	s Inc			Zinpioyer lacilenticae.	o
			,				23-2829095	
Pa	rt I	Reas	on for Pu	blic Charity Sta	<b>tus</b> (All organizations	s must complete this pa	art.) See instructions	5
The	organı	zatıon ıs	not a privat	e foundation becaus	eıtıs (Forlines 1 thro	ugh 11, check only one bo	x )	
1	Γ	A churc	h, conventi	on of churches, or a	ssociation of churches	section 170(b)(1)(A)(i).		
2	$\Gamma$	A scho	ol described	in <b>section 170(b)(1</b>	. <b>)(A)(ii).</b> (Attach Sched	ule E)		
3	~	A hosp	ıtal or a coo	perative hospital se	rvice organization descr	ribed in <b>section 170(b)(1)(</b>	A)(iii).	
4	Γ			n organization operat ty, and state	ed in conjunction with a	hospital described in <b>sect</b>	ion 170(b)(1)(A)(iii).	Enter the
5	Г	An orga	anızatıon op	erated for the benefi	t of a college or universi	ty owned or operated by a	governmental unit des	cribed in
		sect ion	170(b)(1)(	A)(iv). (Complete P	art II)			
6	$\sqcap$	A feder	al, state, or	local government or	governmental unit desc	cribed in <b>section 170(b)(1</b> )	)(A)(v).	
7	Γ	describ	ed in	at normally receives  A)(vi) (Complete P	·	support from a governmen	ntal unit or from the ger	neral public
8	Г				170(b)(1)(A)(vi) (Cor	mplete Part II )		
9	Г	An orga	anization tha	at normally receives	(1) more than 331/3%	of its support from contrib	utions, membership fee	es, and gross
						t to certain exceptions, ar		
		its supp	oort from gr	oss investment inco	me and unrelated busine	ess taxable income (less s	ection 511 tax) from b	usinesses
		acquire	d by the org	janızatıon after June	30, 1975 See <b>section</b>	<b>509(a)(2).</b> (Complete Part	:III)	
10	$\Gamma$	An orga	anization org	ganızed and operateo	d exclusively to test for	public safety See <b>section</b> !	509(a)(4).	
11		_		-	•	efit of, to perform the func		the purposes of
	·	the box			orting organization and	ion 509(a)(1) or section 5 complete lines 11e throug I - Functionally integrated	h 11h	509(a)(3). Check
e	Г		* *			rolled directly or indirectly		
	·					olicly supported organizatí		
_			509(a)(2)					
f			rganization :his box	received a written de	etermination from the IR	S that it is a Type I, Type	II or Type III support	ing organization,
g				2006, has the organi	zation accepted any gift	or contribution from any o	of the	•
			g persons?					
				•	•	together with persons desc	` ' —	Yes No
		and (III)	) below, the	governing body of th	e the supported organiz	ation?	119	g(i)
		• •	•	er of a person descri	, ,			g(ii)
		• •			n described in (i) or (ii) a		11g	ı(iii)
h		Provide	the followin	ng information about	the supported organizat	cion(s)		
	(i) Name		(ii)	(iii) Type of organization (described on	(iv) Is the organization in col (i) listed in	(v) Did you notify the organization in	(vi) Is the organization in	(vii)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizat col (i) lis your gove docume	e Ion In ted In Frning	(v) Did you not organizati col (i) of suppor	on in your	organızatı col (ı) orga	(vi)  Is the organization in col (i) organized In the U S ?  (vi) A mo	
		ınstructions))	Yes	No	Yes	No	Yes	No	
Total									

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page <b>2</b>
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	<b>(b)(1)(A)(iv)</b> I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su			1		Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	(e) 2011	( <b>f</b> ) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	<b>endar year</b> (or fiscal yea	r beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV ) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions )			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and <b>sto</b>	p here						<b>▶</b> □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and <b>stop here.</b> The org  33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and <b>stop here.</b> The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	<b>2010.</b> If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	<b>▶</b>
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization  Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	<b>►</b> □

**▶**□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

**▶**[

Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493134024183

OMB No 1545-0047

#### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

f the organization answered '	'Yes," to Form 990,	Part IV, Line 3, or Form	990-EZ, Part V, line 46 (	Political Campaign Activities),
hen				

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

the	_	s," to Form 990, Part IV, Line 4, or		, , ,	• •
	, ,, , =	t have filed Form 5768 (election under t have NOT filed Form 5768 (election u	, ,,	•	•
	` ,` ,	s," to Form 990, Part IV, Line 5 (Pr		` ''	•
	ction 501(c)(4), (5), or (6) organi	·	,	,	, ,,
	me of the organization mas Jefferson University Hospitals Inc			Employer ide	entification number
HIO	imas terieison oniversity nospitais tiic			23-2829095	5
ar	t I-A Complete if the or	ganization is exempt under	section 501(	c) or is a section 52	7 organization.
L	Provide a description of the or in opposition to candidates for	ganization's direct and indirect politi public office in Part IV	cal campaign ac	tivities on behalf of or	
2	Political expenditures			▶	\$
3	Volunteer hours				
) _ "	AT B Complete if the or	ganization is exempt under	soction FO1/	a)(2)	
CIII	•	e tax incurred by the organization un	_		
2		e tax incurred by the organization manag			\$
2	•	· -		11 4935	\$ Г Yes
•	-	ection 4955 tax, did it file Form 472	to for this year?		
1a	Was a correction made?				Yes No
	If "Yes," describe in Part IV	ganization is exempt under	soction FO1/	s) except section E0	11(a)(2)
ŒU					<u>π(c)(3).</u>
		ended by the filing organization for se		•	\$
2	exempt funtion activities	organization's funds contributed to ot	ner organization.	s for section 527	\$
2	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	20-POI line 17h	'
	·		4114 011 1 01111 1 1 2	10 1 0 L, IIIIC 17 D	\$
4	Did the filing organization file I	·			☐ Yes ☐ No
5	organization made payments l amount of political contribution	nd employer identification number (E For each organization listed, enter th ns received that were promptly and d political action committee (PAC) If	e amount paid fro irectly delivered	om the filing organization's I to a separate political org	funds Also enter the ganızatıon, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0	contributions received

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
For Privacy Act and Panerwork Reduction			No. 500045	

**f** Grassroots lobbying expenditures

(The term "expenditures" means amounts paid or incurred.)  Lia Total lobbying expenditures to influence public opinion (grass roots lobbying)  b Total lobbying expenditures to influence a legislative body (direct lobbying)  c Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  The lobbying nontaxable amount is:  Not over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 over \$1,000,000 but not over \$1,000,000 \$1,000,000  g Grassroots nontaxable amount (enter 25% of line 1f)  Subtract line 1g from line 1a If zero or less, enter -0-  i Subtract line 1f from line 1c If zero or less, enter -0-  j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h)  (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)	ווטפ	edule C (F	01111 9 9 0 01 9 9 0 - EZ ) 2 0 1 1					Page <b>∠</b>
A Check   If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures)    Check   If the filing organization checked box A and "limited control" provisions apply    Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)   Organization Total Incurred (The term "expenditures" means amounts paid or incurred.)	Pa	rt II-A		n is exempt under	section 501(	c)(3) and fi	iled Form 5768	(election
expenses, and share of excess lobbying expenditures)  Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying)  Lobbying expenditures to influence a legislative body (direct lobbying)  Total lobbying expenditures (add lines 1a and 1b)  Other exempt purpose expenditures  Total obtaining purpose expenditures (add lines 1c and 1d)  Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  If the amount on line 1e, column (a) or (b) is:  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  S1,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000 but not over \$1,500,000  S1,000 but not over \$1,500,000  Over \$1,0	١	Check		an affiliated group (and	lıst ın Part IV ea	ch affiliated gr	oup member's nam	e, address, EIN,
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Total lobbying expenditures to influence public opinion (grass roots lobbying)  Total lobbying expenditures (add lines 1 aand 1b)  Other exempt purpose expenditures (add lines 1 aand 1b)  Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line Le, column (a) or (b) is:  If the amount on line Le, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S10,000,000  Over \$1,000,000 but not over \$1,000,000  S10,000,000  Fig. Soon over \$1,000,000  Fig. Soon ov			expenses, and share of excess lob	bying expenditures)		_	•	
Total lobbying expenditures to influence public opinion (grass roots lobbying)  b Total lobbying expenditures to influence a legislative body (direct lobbying)  c Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Diver \$500,000  Diver \$500,000  Diver \$500,000 but not over \$1,000,000  Diver \$1,000,000 but not over \$1,000,0	3	Check	ıf the filing organization checked bo	ox A and "limited contro	ol" provisions app	ly	1	1
(The term "expenditures" means amounts paid or incurred.)  Ital Total lobbying expenditures to influence public opinion (grass roots lobbying)  b Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  The lobbying nontaxable amount is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1225,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1225,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but			Limits on Lobbying	Expenditures			(a) Filing	(b) Affiliated
Total lobbying expenditures to influence public opinion (grass roots lobbying)  b Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  The lobbying nontaxable amount is: Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S175,000 plus 15% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S100,000 plus 15% of the excess over \$1,000,000  Over \$1,000,000  Over \$1,000,000  Over \$1,000,000  The lobbying nontaxable amount is:  Not over \$500,000  Over \$1,000,000  Over \$1,000,00					l.)		Organization's Totals	Group Totals
b Total lobbying expenditures to influence a legislative body (direct lobbying)  c Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is: Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,7000,000  Over \$1,000,000 but not over \$1,7000,000  S225,000 plus 15% of the excess over \$1,000,000  Over \$1,7000,000  Over \$1,7000,000  F17,000,000  S225,000 plus 5% of the excess over \$1,500,000  Over \$1,7000,000  F17,000,000  F17,000		<b>-</b>			1 \		100013	1 ocars
c Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  In the excess over \$1,000,000  F1,000,000  F1,000,0				· -				
d O ther exempt purpose expenditures  Total exempt purpose expenditures (add lines 1c and 1d)  Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  The lobbying nontaxable amount is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000					ying)			
Total exempt purpose expenditures (add lines 1c and 1d)    Lobbying nontaxable amount Enter the amount from the following table in both columns   If the amount on line 1e, column (a) or (b) is:			,	b)				
f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$17,000,000 but not over \$1,7000,000  Over \$17,000,000 but not over \$17,000,000  S225,000 plus 10% of the excess over \$1,000,000  Over \$17,000,000  Over \$17,000,000  Over \$17,000,000  S225,000 plus 5% of the excess over \$1,000,000  Over \$17,000,000  Over \$17,000,000  S1,000,000  S1,000,0	d	Otherexe	empt purpose expenditures					
Columns  If the amount on line 1e, column (a) or (b) is: Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$500,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,7000,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,000,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000  Over \$1,500,000  S1,000,000	e	Total exempt purpose expenditures (add lines 1c and 1d)						
Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,7000,000  Over \$1,500,000 but not over \$1,7000,000  Over \$1,500,000 but not over \$1,000,000  Over \$1,500,000 but not over \$1,000,000  S225,000 plus 5% of the excess over \$1,500,000  Over \$17,000,000  S1,000,000  Grassroots nontaxable amount (enter 25% of line 1f)  Subtract line 1g from line 1a If zero or less, enter -0-  Subtract line 1f from line 1c If zero or less, enter -0-  If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h)  (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  Lobbying celling amount	f		nontaxable amount Enter the amount	from the following table	in both			
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,000,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,00		If the an	ount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Section \$225,000 plus 5% of the excess over \$1,500,000  Over \$17,000,000  g Grassroots nontaxable amount (enter 25% of line 1f)  h Subtract line 1g from line 1a If zero or less, enter -0-  i Subtract line 1ffrom line 1c If zero or less, enter -0-  j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h)  (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  2a Lobbying ceiling amount		Not over \$5	500,000	20% of the amount on lii	ne 1e			
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,00		Over \$500,	000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  Lobbying celling amount		Over \$1,00	0,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1ffrom line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  Lobbying non-taxable amount		Over \$1,50	0,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,			
h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount		Over \$17,0	00,000	\$1,000,000				
h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount								
i Subtract line 1f from line 1c If zero or less, enter -0-  j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  Lobbying non-taxable amount		Grassroo	ts nontaxable amount (enter 25% of li	ne 1f)				
i Subtract line 1f from line 1c If zero or less, enter -0-  j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  Lobbying non-taxable amount	h	Subtract	line 1a from line 1a If zero or less. en	ter -0 -				
Jection 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  Lobbying ceiling amount								
4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  Lobbying non-taxable amount					organization file	Form 4720 re	portina	
(Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  Lobbying non-taxable amount							F - 1 - 1 - 1 - 1	┌ Yes ┌ No
Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 2009  Lobbying non-taxable amount		(Sor	ne organizations that made a	section 501(h) el	ection do not	have to co		ne five
beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  2a Lobbying non-taxable amount  b Lobbying ceiling amount			Lobbying Exp	enditures During	4-Year Avera	ging Period	d	
<b>b</b> Lobbying ceiling amount				(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> Total
	2a	Lobbyin	g non-taxable amount					
	b							
c Total lobbying expenditures	c	Total loi	obying expenditures					
d Grassroots non-taxable amount	d	Grassro	ots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	e							

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

	(0.000.0.1. 4.1.4.0.1.000.0.1.000.1.1.7).	(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
е	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?	Yes		559,886
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		4,899
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo	
i	Other activities? If "Yes," describe in Part IV		Νo	
j	Total lines 1c through 1i			564,785
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		ļ	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

#### Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

#### Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
С	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

#### Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1J		TJUH PERIODICALLY ENGAGES IN LOBBYING ACTIVITIES INCLUDING DISCUSSIONS WITH POLICY MAKERS ON HEALTHCARE RELATED ISSUES IMPACTING TJUH AND THE PATIENTS AND COMMUNITIES IT SERVES

efile GRAPHIC print - DO NOT PROCESS

DLN: 93493134024183

OMB No 1545-0047

**Inspection** 

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization Employer identification number Thomas Jefferson University Hospitals Inc 23-2829095 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ✓ Yes conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) **2**c Number of conservation easements included in (c) acquired after 8/17/06

_			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orthogonal the taxable year 🛌	janızatıon durıng	
4	Number of states where property subject to conservation easement is located 🛌		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of viole enforcement of the conservation easements it holds?	ations, and <b>ryes</b>	┌ No
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during	the year ►	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the  \$	year	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$ ?	☐ Yes	┌ No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense s balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the organization's accounting for conservation assembles.	•	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Schedule D (Form 990) 2011

Cat No 52283D

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Tre</u>	easures, or O	<u>the</u>	<u>r Similar Asse</u>	ets (co	ontinued)
3	Using the organization's accession and other items (check all that apply)	r records, check any	y of th	ne foll	owing th	nat are a significa	nt u	ise of its collection	n	
а	Public exhibition		d	$\Gamma$	Loan o	r exchange progr	ams	i		
b	Scholarly research		e	$\Gamma$	Other					
c	Preservation for future generations									
4	Provide a description of the organization's c	ollections and expla	un hov	w the	/ further	the organization	's ex	cempt nurnose in		
•	Part XIV	onections and expid		,	, , , , , , , , , , , , , , , , , , , ,	ine organization		tempe parpose iii		
5	During the year, did the organization solicit assets to be sold to raise funds rather than								Yes	┌ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar						d "Y	es" to Form 990	0,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	ediary	for c	ontribut	ions or other ass	ets		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	/ıng ta	able	Г		T		
						_		Amoi	unt	
с	Beginning balance					-	1c			
d	Additions during the year					-	1d			
е	Distributions during the year					_	1e			
f	Ending balance					L	1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21?					Г	Yes	∏ No
b	If "Yes," explain the arrangement in Part XIV									
Pai	rt V Endowment Funds. Complete								\- \	. 5 .
4_	Designing of year balance	(a)Current Year 94,161,561	(b)	Prior Y	ear 118,580	(c)Two Years Back 77,374,25	_	)Three Years Back (0 100,744,414	e)Four	Years Back
1a	Beginning of year balance	404,977		02,	68,339	184,30	+	167,095		
b	Contributions	<u> </u>		15		·	+	· -		
С	Investment earnings or losses	-2,788,358		15,	185,235	6,604,45	-	-20,142,712		
d	Grants or scholarships	2.015.145			210 502	2.044.42	+	2 204 542		
е	Other expenditures for facilities and programs	2,815,145		3,	210,593	2,044,43	4	3,394,542		
f	Administrative expenses									
g	End of year balance	88,963,035		94,	161,561	82,118,58	0	77,374,255		
2	Provide the estimated percentage of the year	r end balance held a	as		L		<u> </u>	L		
а	Board designated or quasi-endowment	70 000 %								
b	Permanent endowment > 9 000 %									
	remailent endowment P									
c 3a	Term endowment ► 21 000 %  Are there endowment funds not in the posse	ssion of the organiz	ation:	that a	re held	and administered	d for	the		
Ja	organization by	ssion of the organize	ation	ciiat c	ire nera	and administered	101	tile	Yes	No
	(i) unrelated organizations							3a(i)		No
	(ii) related organizations							3a(ii)		No
b	If "Yes" to 3a(II), are the related organization	•						3b		
4	Describe in Part XIV the intended uses of th									
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa	rt X,	line 10	0		T		
	Description of property				Cost or ot (Investm			(c) Accumulated depreciation	( <b>d)</b> Bo	ok value
<b>1</b> a	_and					16,183	468		1	6,183,468
b i	Buildings					544,518	301	208,592,707	33	5,925,594
<b>c</b> l	_easehold improvements					9,932	357	1,500,025		8,432,332
d i	Equipment					559,426	883	402,872,416	15	6,554,467
<b>e</b> (	Other					7,455				7,455,199
	I. Add lines 1a-1e <i>(Column (d) should equal Fe</i>	orm 990, Part X, colur	nn (B)	), line	10(c).)			►	52	4,551,060
	·							Schedule D (	Form 9	90) 2011

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2.	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	( <b>b)</b> Book value		od of valuation f-year market value
(1)Financial derivatives		Cost of end-o	- year market value
(2)Closely-held equity interests			
(3)Other			
(A) Cash & Cash Equivalents	50,425,000		<u>F</u>
(B) Hedge Funds	29,485,568		F
(C) Private Equity	14,426,410		F
(D) Real Estate	13,019,171		F
(-)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se			od of valuation
(a) Description of investment type	(b) Book value		f-year market value
			_
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, III			(h) Pook volue
(1) DEFERRED FINANCING COSTS	ption		<b>(b)</b> Book value 1,958,916
(2) DUE FROM AFFILIATED FOUNDATION			7,199,228
(3) DEFERRED EXPENSE - CHILLER			3,189,167
(4) DUE FROM UNCONSOLIDATED SUBS			6,320,186
(5) INSURANCE RECOVERABLE			103,039,407
Total. (Column (b) should equal Form 990, Part X, col.(B) line in			121,706,904
Part X Other Liabilities. See Form 990, Part >			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
ACCRUED PROFESSIONAL LIABILITY	205,692,814		
ACCRUED PENSION LIABILITY  ACCRUED WORKERS' COMPENSATION	109,317,127		
ASSET RETIREMENT OBLIGATION	9,992,523		
INTEREST RATE SWAP LIABILITY	33,118,730		
DUE TO TJU - NONCURRENT	12,000,000		
	12,530,530		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶	371,870,971		
2 Fin 48 (ASC 740) Footpote In Part VIV provide the tax			

Par	t XII Reconciliation of C	Change in Net Assets from For	<u>m 990</u>	to Fi	inancial St	<u>ateme</u> i	<u>nts</u>	
1	Total revenue (Form 990, Pari	t VIII, column (A), line 12)					1	
2	Total expenses (Form 990, Pa	art IX, column (A ), line 25)					2	
3	Excess or (deficit) for the year	r Subtract line 2 from line 1					3	
4	Net unrealized gains (losses)	on investments					4	
5	Donated services and use of fa	acılıtıes					5	
6	Investment expenses						6	
7	Prior period adjustments						7	
8	Other (Describe in Part XIV)						8	
9	Total adjustments (net) Add I	ines 4 - 8					9	
10		r per financial statements Combine line	es 3 and	1 9			10	
Pari		Revenue per Audited Financial			s With Rev	enue r	er Re	turn
1		er support per audited financial statem					1	
2		ut not on Form 990, Part VIII, line 12						
а		stments		2a				
b		facilities		2b			1	
C	Recoveries of prior year gran	ts	.	2c			1	
d	Other (Describe in Part XIV)		[	2d			1	
e	Add lines <b>2a</b> through <b>2d</b>						2e	
3	Subtract line <b>2e</b> from line <b>1</b> .						3	
4	Amounts included on Form 9	90, Part VIII, line 12, but not on line <b>1</b>						
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b	.	4a				
b	Other (Describe in Part XIV)		. [	4b				
c	Add lines <b>4a</b> and <b>4b</b> .						4c	
5	Total Revenue Add lines 3 a	nd <b>4c.</b> (This should equal Form 990, Pa	rt I , lıne	12)			5	
Part	XIII Reconciliation of I	Expenses per Audited Financia	I Stat	emen	ts With Ex	penses	per l	Return
1	Total expenses and losses pe	er audited financial					,	
2	statements	ut not on Form 990, Part IX, line 25					-	
∠ a	Donated services and use of			2a				
b				2b			1	
c	Other losses		•	2c			1	
d	Other (Describe in Part XIV)			2d			-	
e	Add lines 2a through 2d .							
3	Subtract line <b>2e</b> from line <b>1</b> .						3	<u> </u>
4		90, Part IX, line 25, but not on line 1:						
а		luded on Form 990, Part VIII, line 7b		4a				
ь	·			4b			1	
c	Add lines <b>4a</b> and <b>4b</b>						4c	
5	Total expenses Add lines 3 a	and <b>4c.</b> (This should equal Form 990, Pa	art I, lın	e 18 )			5	
Par	t XIV Supplemental In	formation						
Part		escriptions required for Part II, lines 3, 3, Part XII, lines 2d and 4b, and Part X						
	Identifier	Return Reference				Explanat	ion	
SCHE	TJUH'S ENDOWMENTS ARE USED IN A MANNER TO FURTHER THE CHARITABLE HEALTHCARE, EDUCATIONAL, AND RESEARCH MISSIONS OF TJUH							

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DLN: 93493134024183

OMB No 1545-0047

**SCHEDULE F** (Form 990)

Department of the Treasury

**Statement of Activities Outside the United States** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public

Interna	l Revenue Service					Inspection
	e of the organization				Employer ident	ification number
Tho	mas Jefferson University Hospital	s Inc			23-2829095	
Ds	rt I General Informatio	n on Activiti	es Outside t	ne United States Co		ation answered
	"Yes" to Form 990, Pa			ic office states.	ompiete ii the organiz	ation answered
1	For grantmakers. Does the			s to substantiate the	amount of the grants of	or
	assistance, the grantees' elig	_			<del>_</del>	
	the grants or assistance?					┌ Yes ┌ No
2	<b>For grantmakers.</b> Describe in Pa United States	art V the organiz	zatıon's procedur	res for monitoring the use	e of grant funds outside th	ne
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed	)		
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g ,	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	Europe (Including Iceland and Greenland)			Investments		2,741,378
	East Asia and the Pacific			Investments		696,884
	South America			Investments		186,233
	North America			Investments		99,770
	Central America and the Caribbean			Investments		59,828
	Middle East and North Africa			Investments		19,093
3a	Sub-total					3,803,186

**b** Total from continuation sheets

c Totals (add lines 3a and 3b)

to Part I

3,803,186

Pa	Part IV, I	ine 15, for any	sistance to Orgar recipient who recesspace is needed.	<b>nizations or Entiti</b> erved more than \$5,	<b>es Outside the Un</b> 000. Check this box	nited States. Composite of the composite	olete if the organiza received more that	tion answered "Yes' n \$5,000	' to Form 990, ► 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nur tax-exempt by	mber of recipie the IRS, or fo	ent organizations lis or which the granted	ted above that are e or counsel has pro	recognized as chari ovided a section 50:	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . 🕨	
3	Enter total nur	mber of other	organizations or en	tities					: (Form 990) 2011

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	( <b>f</b> ) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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						1	dula E (Earre 000) 2011

## Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	<u> </u>	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	굣	Yes	Γ	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	┍	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	<u> </u>	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	<b>▽</b>	Νo

Schedule F (Form 990) 2011

#### **Additional Data**

Software ID: Software Version:

**EIN:** 23-2829095

Name: Thomas Jefferson University Hospitals Inc

Schedule F (Form 990) 2011

Page **5** 

#### Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

## OMB No 1545-0047

Open to Public **Inspection** 

#### **SCHEDULE H** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20. ► Attach to Form 990. ► See separate instructions.

**Hospitals** 

Thomas Jefferson University Hospitals Inc

**Employer identification number** 

D	art I Charity Care and	Cortain (	Other Com	nunity Ranafits a		2829095						
12	charity Care and	Certain (	Juier Comi	munity Benefits a	LUSL			Yes	No			
1a	Did the organization have a c	harity care p	oolicy? If "No,	" skip to question 6a			1a	Yes				
	If "Yes," is it a written policy						1b	Yes				
2	If the organization had multip care policy to the various hos		, indicate whic	h of the following best	describes application of	of the charity		1.25				
Applied uniformly to all hospitals  Applied uniformly to most hospitals  Generally tailored to individual hospitals												
A nswer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients during the tax year												
a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care?  If "You " indicate which of the following is the FPG family income limit for eligibility for free care.												
	T   100%	_	00%	Other	%		3a	Yes				
ь	Did the organization use FPG											
ט	"Yes," indicate which of the fo		= :				3b	Yes				
		_	·	· _ ·	_	F00.04	3D	res				
	200% 250%	1 3	00%	350% <b> </b> 40	00%	<u>500. %</u>						
С	If the organization did not use determining eligibility for free test or other threshold, regard	or discount	ed care Inclu	de in the description w	hether the organizatior							
4	Did the organization's policy	provide free	or discounted	care to the "medically	/ indigent"?		4	Yes				
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?												
<b>b</b> If "Yes," did the organization's charity care expenses exceed the budgeted amount?												
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?												
6a	Did the organization prepare a	a community	benefit repor	tduring the tax year?			6a	Yes				
6b	If "Yes," did the organization	make it ava	ılable to the p	ublic?			6b	Yes				
	Complete the following table is worksheets with the Schedule		rksheets prov	ided in the Schedule H	Instructions Do not s	ubmıt these						
7	Charity Care and Certain O	ther Commu	unity Benefits	at Cost								
	Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	f (b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community b expense	enefit	(f) Perototal ex				
a	Charity care at cost (from Worksheet 1)			11,170,827		11,17	0,827	0	800 %			
b	Medicaid (from Worksheet 3, column a)			272,488,250	209,508,315	62,97	9,935	4	500 %			
С	Costs of other means-tested government programs (from Worksheet 3, column b)											
d	<b>Total</b> Charity Care and Means-Tested Government Programs			283,659,077	209,508,315	74,15	0,762	5	300 %			
e	Other Benefits Community health improvement services and community benefit operations (from (Worksheet 4))			3,267,123	7,126	2.75	9,997	0	230 %			
f	(Worksheet 4) Health professions education				·							
g	(from Worksheet 5) Subsidized health services			123,894,371	98,103,477	·	7,026		840 %			
h	(from Worksheet 6) Research (from Worksheet 7)		+	300,885,555 1,320,128			7,026 5,128		460 % 090 %			
i	Cash and in-kind contributions for community benefit (from Worksheet 8)			2,695,795		2,69	5,795		190 %			
-	Total Other Benefits			432,062,972	378,594,132		8,840		810 %			
k	Total Add lines 7d and 7i	l	1	715 722 049	588 102 447	127 61	9 602	Q	110 %			

Pa	rt II Community Buildin	ng Activitie	<b>s</b> Complete t	this table if the o	organızat	ion co	nducte	ed any commur	nity b	uıldın	g
	activities.	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total communit building expense	, I , ,	rect offs revenue	_	(e) Net communit building expense		(f) Perco	
1	Physical improvements and housing										
2	Economic development										
3	Community support										
5	Environmental improvements  Leadership development and training										
	for community members										
	Coalition building										
7	Community health improvement advocacy			601,8	347			601	,847	0	030 %
8	Workforce development			·							
9	Other										
10 Dat	Total  Tt IIII Bad Debt, Medicar	o & Collec	tion Bractic	601,8	347			601,	,847	0	030 %
FET	Bad Debt, Medicar	e, & conec	tion Practic	es							
Sect	ion A. Bad Debt Expense									Yes	No
1	Did the organization report bac	•		e with Heathcare F	inancial M	anage	ment A	ssociation	1	Yes	
2	Statement No 15? Enter the amount of the organi					2		 40,533,357		1 63	
3	Enter the estimated amount of		•		ole to			+0,555,557			
	patients eligible under the org	anızatıon's cha	arıty care polıc	у		3		0			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit										
Sect	ion B. Medicare										
5	Enter total revenue received fi	rom Medicare	(including DSH	and IME)		5		269,388,755			
6	Enter Medicare allowable cost	s of care relat	ing to payment	s on line 5		6		321,883,891			
7 8	Subtract line 6 from line 5 Th Describe in Part VI the extent Also describe in Part VI the c	to which any	shortfall report	ed in line 7 should	be treated						
	Check the box that describes	the method us	ed	-	_						
	Cost accounting system	<b>V</b> C₀	st to charge ra	tio [	O ther						
Sect	ion C. Collection Practices										
9a	Did the organization have a wr	itten debt coll	ection policy di	uring the tax year?	·				9a	Yes	
Ь	If "Yes," did the organization's contain provisions on the colle assistance? Describe in Part \	ection practice VI	es to be followe	d for patients who	are known	to qua	lify for	financial	9b	Yes	
Pa	rt IV Management Com	panies and	Joint Ventu	ires (see instru	ctions)				_		
	(a) Name of entity	·	o) Description of p activity of entit		(c) Organı profit % o ownersh	r stock	e	) Officers, directors, trustees, or key mployees' profit % r stock ownership%	pro	e) Physic ofit % or ownershi	stock
1 Rr	verview Surgery	Healthcare				51 000 %	ó L			38 6	10 %
	icks County Ortho	Healthcare			1	15 000 %	΄ο			64 0	000 %
	ospital								_		
4											
5											
6											
7											
8											
9											
10											
11											
12											
13									T		

Part	V Facility Information									
	on A. Hospital Facilities	Licensed	Gener	Childre	Teach	Ortica	Resea	ER-24 hours	ER-other	
(list in	order of size from largest to smallest)	ed hospital	General medical &	Children's hospital	Teaching hospital	d acces	Research facility	hours	Ter 	
	nany hospital facilities did the organization operate during cyear? <b>1</b>	ortal	oal & eurgroot	ptal	ontal	Ortical access hospital	lity			
Name	and address									
Nume	and dddress									Other (Describe)
1	Thomas Jefferson University Hospital 111 South 11th Street Philadelphia, PA 19107	×	x		х			х		
		<u> </u>								
		1								
		1								
		<u> </u>								
		<u> </u>								
		<u> </u>				-				
		+								
		+		1						

# Part V Facility Information (continued) Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V , Section A )

Thomas Jefferson University Hospital

Name of Hospital Facility:	
Line Number of Hospital Facility (from Schedule H, Part V, Section A):_	1

			Yes	No
Со	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)	_		
	a A definition of the community served by the hospital facility			
	<b>b</b> Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d  How data was obtained			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	minority groups			
	g The process for identifying and prioritizing community health needs and services to meet those needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess the community's health needs			
	j			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into	3		
4	account input from persons who represent the community, and identify the persons the hospital facility consulted  Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the			
_	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	<b>b</b> Available upon request from the hospital facility			
	c  Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a 「 Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	<b>b</b> Execution of the implementation strategy			
	c Development of a community-wide community benefit plan for the facility			
	d Participation in community-wide community benefit plan			
	e 「 Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the CHNA			
	g   Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i  Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Fir	nancial Assistance Policy	-		
_	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for free care 200 % If "No," explain in Part VI the criteria the hospital facility used			
	Schedule	U /Eas	m 000	2011

Pä	art V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 500 %			
	If "No," explain in Part VI the criteria the hospital facility used		_	
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)  a ▼ Income level			
	d Insurance status			
	e Vuninsured discount			
	f Medicaid/Medicare			
	g State regulation			
	h Cother (describe in Part VI)		l	
	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	The policy was posted at all times on the hospital facility's web site			
	The policy was attached to all billing invoices			
	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d The policy was posted in the hospital facility's admissions offices			
	e 🔽 The policy was provided, in writing, to patients upon admission to the hospital facility			
	f  The policy was available upon request			
	g Other (describe in Part VI)			
	ling and Collections	ı		
14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's		100	
	policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's			
	FAP			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments or arrests			
	e C Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before	16		No
	making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No_
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all			
1/	that apply)			
	a Notified patients of the financial assistance policy upon admission			
	<b>b</b> Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	<b>d</b> Documented its determination of whether patients were eligible for financial assistance under the hospital			
	facility's financial assistance policy			
	e T Other (describe in Part VI)			

# **Part V** Facility Information (continued) Policy Relating to Emergency Medical Care Yes No 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals **18** | Yes If "No " indicate why

	11 No, indicate wily		
	a The hospital facility did not provide care for any emergency medical conditions		
	b The hospital facility's policy was not in writing		
	c   The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part		
	VI)		
	d Cother (describe in Part VI)		
In	dividuals Eligible for Financial Assistance	•	
19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
	The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
	b 🔽 The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
	c   The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
	d    Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	20	No
	If "Yes," explain in Part VI		
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?		l
		21	Ν¢
	If "Yes," explain in Part VI		

chedule H	(Form	990)	2011
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Page **7** 

Part V	Facility	Information	(continued	)
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Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year?		
Name and address	Type of Facility (Describe)	
1		
2		
3		
4		
5		
5		
7		
В		
9		

Schedule H (Form 990) 2011

#### Part VI Supplemental Information

Complete this part to provide the following information

- Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- Community health needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B
- Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- Promotion of community health. Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

CONTRIBUTIONS ARE SI INTERNET WEBSITE PART 1, I, I HEALTH SENVICES INCLUDES E SERVICES PART III, LINE 4 bad uncollectible portion of five account parts one part representing the un or insured patients. The other part balance owed by uninsured patients. The PART III, LINE 98 The collection detailed guidelines for patients eligi includes a prices to determine p other parts. The other parts are the other parts therefore I it is determined that: charity care, the policy requires th agree in writing as to the amount of appropriate charity, care, the policy requires th agree in writing as to the amount of appropriate charity care, the policy requires th agree in writing as to the amount of appropriate charity care, the policy requires th agree in writing as to the amount of appropriate charity care, the policy requires th agree in the amount of the before a dictional ic consument to assass the health care including a) Public Health Manage community health data base surve topics including health status, acc personal health behaviors, health is status, women's health, children's and account produces the produces of the parts and social support needs, b) Philas reports, c) focus groups with lafeth and community coalitions, and d), community stateholders such as t physicians, and school administrat or ELIGIBLITY FOR ASSISTAN informance and deducates people throu brochures, statement messages, a NENDOR-SISTANCE PROGRAM COMM NUMBER SISTANCE PROGRAM COMM NUMBER SISTANCE PROGRAM COMM NUMBER SISTANCE PROGRAM COMM NUMBER FORD TITUR severs a miles from Center City Philadelphin million people reside Community building activity or the parts of the produces and the produces and the activity and indirective through and community bu	ion	Explanation	ReturnReference	Identifier
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contractual allowances. The calculus parts one part representing the un for insured patients. The other part balance owed by uninsured patient Medicare is not treated as a commit data was generated from THE inter PART III, LINE 98 The collection detailed guidelines for patients slig includes a process to determine part of the provision of care it is considered to the process of the provision of care it is considered to the patient of the provision of care it is considered to the patient of the provision of the control of the provision of the patients o	•	SERVICES PART III, LINE 4 bad debt expen		
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for insured patients in the there part balance owed by uninsured patient Medicare is not treated as a comm data was generated from THE inter PART III, LINE 98 The collection detailed guidelines for patients sign includes a process to determine picture prior to the provision of care of the provision of the				
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Medicare is not treated as a comm data was generated from THE inter PART III, LINE 98 The collection detailed guidelines for patients eigh includes a process to determine path care prior to the provision of care of thereafter. If it is determined that it charity care, the policy requires the agree in writing as to the amount dispropriate charity care discount, agree upon a reasonable payment. TUH also evaluates the ongoing a his emount dispetitional control of the provision of care of the country of the provision of care of the country of the provision of the provision of care of the provision				
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Southeastern Pennsylvania, South Delaware primarily by providing ho and physician services and by prov students, physicians, nurses, and professionals are trained in a clinic TJUH include Thomas Jefferson Ur Jefferson Hospital for Neuroscienc of which operate under one license TJUH provide a full range of health training to students and health pro setting JHS and its members also services such as health education		that directly and indirectly through their respe		
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professionals are trained in a clinic TJUH include Thomas Jefferson Ur Jefferson Hospital for Neuroscienc of which operate under one license TJUH provide a full range of health training to students and health pro setting JHS and its members also services such as health education		and physician services and by providing facilit		
TJUH include Thomas Jefferson Ur Jefferson Hospital for Neuroscienc of which operate under one license TJUH provide a full range of health training to students and health pro setting JHS and its members also services such as health education		students, physicians, nurses, and other health		
Jefferson Hospital for Neuroscienc of which operate under one license TJUH provide a full range of health training to students and health pro setting JHS and its members also services such as health education		professionals are trained in a clinical setting		
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TJUH provide a full range of health pro training to students and health pro setting JHS and its members also services such as health education	· · · · · ·	Jefferson Hospital for Neuroscience, and Meth		
training to students and health pro setting JHS and its members also services such as health education		of which operate under one license number Th		
setting JHS and its members also services such as health education		TJUH provide a full range of health care servic		
services such as health education		training to students and health professionals i		
		setting JHS and its members also provide con		
services A substantial amount of		services such as health education, counseling		
		services A substantial amount of the services		
l '	•	provided by JHS members and their affiliates a		
		charge or in return for reimbursement below co		
BENEFIT REPORT (NUMBER SEV	EN) TJUH DOES NOT FIL	BENEFIT REPORT (NUMBER SEVEN) TJUH		

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Schedule I

(Form 990)

**Grants and Other Assistance to Organizations,** Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

OMB No 1545-0047

DLN: 93493134024183

Department of the Treasury Inspection Internal Revenue Service Employer identification number Name of the organization Thomas Jefferson University Hospitals Inc. 23-2829095 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other) 

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, I	Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Nursing Scholarships	7	226,500		Book	N/A

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
FORM 990, SCHEDULE I,		ACTUAL EXPENDITURES FOR ALL APPROVED GRANTS ARE MONITORED AGAINST BUDGETED EXPENDITURES ON A
PART 1, LINE 2		MONTHLY BASIS ANY DISCREPANCIES ARE RESEARCHED AND resolved ACCORDINGLY

Schedule I (Form 990) 2011

DLN: 93493134024183

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

**Compensation Information** For certain Officers, Directors, Trustees, Key Employees, and Highest

**Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization	Employer identification number
Thomas Jefferson University Hospitals Inc	
	23-2829095

Pai	tt I Questions Regarding Compensation	n			
				Yes	Νo
1a		vided any of the following to or for a person listed in Form to provide any relevant information regarding these items			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses described.	ganization follow a written policy regarding payment or ribed above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to rofficers, directors, trustees, and the CEO/Executive		2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the Compensation committee  Independent compensation consultant	nat apply  Written employment contract  Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, For a related organization	Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	payment?	4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?				
c	Participate in, or receive payment from, an equity-ba	ased compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	ıst complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of				
а	The organization?		5a		No
ь	Any related organization?		5b		No
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a, did the organization pay or accrue any			
а	The organization?		6a		No
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d		7	Yes	
8		paid or accured pursuant to a contract that was n Regs section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III		8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 $4958-6(c)$ ?	e rebuttable presumption procedure described in Regulations	9		

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name	<b>(B)</b> Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	( <b>D</b> ) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
See Additional Data Table							

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
SCHEDULE J,		SEAN M FITZPATRICK \$225,529 SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN THOMAS J LEWIS III \$
PART I, LINE		93,128 97 DAVID MCQUAID 40,801 29 NEIL LUBARSKY 26,072 61 Ronald Burd 21,479 19 STACEY MEADOWS 10,440 66 STEPHEN TRANQUILLO
4A -		2,551 02 MARY ANN FITZPATRICK 1,087 75 SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS A PORTION OF THE COMPENSATION FOR
SEVERANCE		OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, AND THE FIVE HIGHEST COMPENSATED EMPLOYEES INCLUDES COMPENSATION that IS
PAYMENT		BASED ON THE ATTAINMENT OF PATIENT CARE, QUALITY GOALS, STRATEGIC OPERATIONAL INITIATIVES, AND FINANCIAL PERFORMANCE

Schedule J (Form 990) 2011

Software ID: Software Version:

**EIN:** 23-2829095

Name: Thomas Jefferson University Hospitals Inc

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name	Į	<b>(B)</b> Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	( <b>D)</b> Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form	
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ	
THOMAS J LEWIS III	(I) (II)	819,680 0	281,594 0	113,428 0	124,979 0	7,699 0	1,347,380 0	0 0	
DAVID P MCQUAID	(1) (11)	506,903 0	331,861 0	63,176 0	72,651 0	15,483 0	990,074 0	0	
NEIL G LUBARSKY	(ı) (ıı)	426,415 0	143,467 0	49,800 0	57,922 0	7,628 0	685,232 0	0	
RONALD P BURD	(1) (11)	407,496 0	134,612 0	32,305 0	53,329 0	6,67 <b>4</b> 0	634,416 0	0	
ROBERT DIECIDUE	(1) (11)	388,994 0	122,221	0	31,850 0	6,045 0	549,110 0	0	
STACEY MEADOWS	(1) (11)	336,085 0	113,333 0	55,841 0	42,291 0	5,555 0	553,105 0	0	
DANIEL TAUB	(1) (11)	292,111 0	147,260 0	0	26,950 0	5,790 0	472,111 0	0	
STEPHEN TRANQUILLO	(1) (11)	301,033 0	89,720 0	31,314 0	34,401 0	3,935 0	460,403 0	0	
JAMES E ROBINSON	(1) (11)	261,102 0	87,758 0	39,199 0	31,850 0	4,322	424,231 0	0	
MARY ANN FITZPATRICK	(1) (11)	266,192 0	97,911 0	22,498 0	32,937 0	9,759 0	429,297 0	0	
REBECCA O'SHEA	(ı) (ıı)	242,528 0	82,350 0	11,324	31,850 0	6,645 0	374,697 0	0	
CARMHIEL BROWN	(1) (11)	231,485 0	79,730 0	9,980 0	31,850 0	10,332	363,377 0	0	
GEORGE T RIZZUTO	(1) (11)	220,229	53,595 0	17,920 0	31,850 0	4,786 0	328,380 0	0	
RICHARD J WEBSTER	(1) (11)	233,260	40,092	3,875 0	31,850 0	2,128	311,205 0	0	
NANCY RHODES	(ı) (ıı)	210,704 0	44,290 0	0	31,850 0	4,697 0	291,541 0	0	
BRIAN SWIFT	(1) (11)	202,870	35,020 0	13,788 0	31,580 0	7,410 0	290,668	0	
ROBERT BURKHOLDER	(ı) (ıı)	178,694 0	31,522 0	12,842	28,004	7,815 0	258,877 0	0	
SEAN M FITZPATRICK	(1) (11)	220,092 0	0	0	0	5,437 0	225,529	0	

#### Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

	(A) Name	Τ	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	Ī	(C) Deferred	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation
			(i) Base Compensation	(ii) Bonus & (iii) Other compensation			compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
1	ANDREW NATHANS (II	(I) (II)	184,203 0	32,592 0	0	,	28,955 0	8,260 0	254,010 0	0
	SHARON (II) MILLINGHAUSEN (II)	(I) (II)	181,043 0	31,231 0	0	,	28,163 0	6,582 0	247,019 0	0
E	ELEANOR GATES (II	.1) II)	174,226 0	30,178 0	0	ŗŢ	26,851 0	7,210 0	238,465 0	0

Schedule K (Form 990)

**Supplemental Information on Tax Exempt Bonds** 

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

DLN: 93493134024183

2011

Open to Public **Inspection** 

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number

Tho	mas Jefferson University Hospit	als Inc			23-2829095										
Pa	art I Bond Issues									<b>I</b>					
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue P	rice	<b>(f)</b> Desc	<b>f)</b> Description of Purpose		( <b>g)</b> De	feased	(h) Beha Iss	alf of	of (I) H	
										Yes	No	Yes	No	Yes	No
A	Hospitals & Higher Education Facility of Philadelp	23-1929132	717903ZF8	06-30-2003	6,500	,000 Im	prove fac	:ilities,	, repay debt		X		х		x
Pa	rt III Proceeds	,		•		•						•	•		
		<u> </u>	4		I	В		С		D					
1	A mount of bonds retired					5,515,0	00								
	A mount of bonds defeased			0											
3	Total proceeds of issue		6,500,0	00											
4	Gross proceeds in reserve fu			0											
5		Capitalized interest from proceeds													
6	Proceeds in refunding escrow						0								
7	Issuance costs from proceed	ls					0								
8	Credit enhancement from pro	ceeds				0									
9	Working capital expenditures	from proceeds				0									
10	Capital expenditures from pro	oceeds				1,287,663									
11	Other spent proceeds					5,212,3	37								
12	Other unspent proceeds						0								
13	Year of substantial completio	n			20	03							-		
					Yes	No	Y	'es	No	Yes		No	Yes	$\bot$	No
14	Were the bonds issued as par	rt of a current refund	ding issue?		X										
15	Were the bonds issued as par	rt of an advance refu	unding issue?			х									
16	Has the final allocation of proceeds been made?														
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?														
Pai	rt IIII Private Business l	Jse			1										
					Yes	A N-			B	C				D	No
	L					No	Y	es	No	Yes		No	Yes	$-\!$	No

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Χ

Par	Private Business Use (Continued)									
				Α		В		С		D
_	Are there any management or convice contracts that may recult in private	, bugungga	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private use?	Dusiness		x						
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fin property?									
С	Are there any research agreements that may result in private business us financed property?	se of bond-		х						
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed prope									
4	Enter the percentage of financed property used in a private business use other than a section 501(c)(3) organization or a state or local governmen		0 %		•					
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anoth 501(c)(3) organization, or a state or local government									
6	Total of lines 4 and 5									
7	Has the organization adopted management practices and procedures to elepost-issuance compliance of its tax-exempt bond liabilities?	Х								
Par	t IV Arbitrage	1 .			В		С		D	
		Yes	No	Yes	B No		es	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X								
2	Is the bond issue a variable rate issue?	X								
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		х							
	Name of provider	0								
С	Term of hedge									
d	Was the hedge superintegrated?									
е	Was a hedge terminated?									
 4a	Were gross proceeds invested in a GIC?		×							
	Name of provider	0			<b> </b>		<b> </b>			
	Term of GIC									
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?									
5	Were any gross proceeds invested beyond an available temporary period?		х							
6	Did the bond issue qualify for an exception to rebate?		х							
D	Drocedures To Undertake Corrective Action	-	•	•	•	•			-	-

#### Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier Return Reference Explanation

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DLN: 93493134024183

OMB No 1545-0047

Open to Public

**SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

**NonCash Contributions** 

Inspection **Employer identification number** 

Thomas Jefferson University Hospitals Inc 23-2829095 Part I Types of Property (d) (a) (b) (c) Check Number of Contributions Contribution amounts Method of determining reported on ıf or items contributed contribution amounts applicable Form 990, Part VIII, line 1 g 120,000 appraised value 1 Art-Works of art . . . . Χ 2 Art—Historical treasures 3 Art-Fractional interests 4 Books and publications Clothing and household goods . . . . . . Cars and other vehicles **7** Boats and planes . . . Intellectual property . . . 23,705 749,957 market value Securities—Publicly traded . Χ 10 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests . . . . 12 Securities-Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . . 14 Oualified conservation contribution-Other . . . Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . . . 18 Collectibles . . . . 19 Food inventory . . . Drugs and medical supplies . 20 21 Taxidermy . . . . . Historical artifacts . . . . 23 Scientific specimens . . Archeological artifacts . 24 25 Other ► (\_\_ 26 Other ►( \_\_\_ **27** Other ▶ (\_\_ 28 Other ► (\_ Number of Forms 8283 received by the organization during the tax year for contributions 0 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . . . 30a No **b** If "Yes," describe the arrangement in Part II 31 Yes 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash 32a Νo **b** If "Yes," describe in Part II If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

Page 2

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2011

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DLN: 93493134024183

**SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Inspection

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization Thomas Jefferson University Hospitals Inc Employer identification number

Name of the organ Thomas Jefferson Univ		inc	Employer identification number 23-2829095
ldentifier	Return	Explanation	
FORM 990, PART VI, LINE 2	Reference	TRUSTEES ROBERT ADELSON, WILLIAM LANDMAN, RICHARD WILLIAM Kahn have a business relationship This business relationship does not FORM 990, PART VI, LINE 6&7 TJUH SYSTEM IS THE SOLE MEMBER OF TJUH SHALL BE THOSE PERSONS WHO SERVE FROM TIME TO TIME OF SYSTEM RECOMMENDS INDIVIDUALS FOR APPOINTMENT TO ITS BOA MEMBER, JHS JHS ELECTS MEMBERS TO THE TJUH SYSTEM BOARD BECOME MEMBERS OF THE TJUH INC BOARD OF TRUSTEES FORM 99 PREPARED BY AN INDEPENDENT ACCOUNTING FIRM IN CONJUNCTION.  IS REVIEWED INTERNALLY BY MANAGEMENT OF TJUH IT IS THEN PRICOMPLIANCE COMMITTEE OF THE BOARD OF TRUSTEES FOR REVIEW.  FILING FORM 990, PART VI, LINE 12C ANNUAL CONFLICT OF INTERES THE BOARD OF TRUSTEES, SENIOR MANAGEMENT, AND KEY REPRES ARE REFERRED TO THE CORPORATE COMPLIANCE OFFICER FOR RESSOARD AND THE COO OF TJUH ARE RESPONSIBLE FOR MONITORING BY KEY REPRESENTATIVES AND THEY IDENTIFY, ADDRESS, AND/OR CONFLICTS IN CONSULTATION WITH LEGAL COUNSEL AND/OR THE COMPLIANCE OF THE FOR RESOLUTION FORM 990, PART VI, LINE 15 COMPENDENT OF THE HEREOF FOR RESOLUTION FORM 990, PART VI, LINE 15 COMPENDENT OF THE SERVICE OF TH	tinvolve any transactions with TJUH F TJUH THE BOARD OF TRUSTEES OF IN THE TJUH SYSTEM BOARD TJUH RD OF TRUSTEES WHO AUTOMATICALLY BO, PART VI, LINE 11B THE FORM 990 IS I WITH TJUH FINANCE PERSONNEL AND ESENTED TO THE AUDIT AND I AND FINAL APPROVAL BEFORE IT STATEMENTS ARE COMPLETED BY SENTATIVES OF TJUH ALL CONFLICTS OLUTION THE CHAIRMAN OF THE THE CONDUCT OF AND DISCLOSURE RESOLVE ACTUAL OR POTENTIAL CORPORATE COMPLIANCE OFFICER IF EFERRED TO THE FULL BOARD OR A INTHE PROCESS FOR determining I external market survey data providers the surveys are anonymous and I be base or TJUH System, Inc.) While CEOs are to the JHS CEO TJUH formulates market insation, TJUH targets the 50th The used depending upon a candidate's I hospitals, those from Northeastern TIGE FOR GOVERNING DOCUMENTS, LABLE UPON REQUEST FORM 990, THE STS GOVERNING DOCUMENTS, LABLE UPON REQUEST FORM 990, THE STS GOVERNING DOCUMENTS, THE CONTROL OF TJUH THE CARRIES OF TJUH
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	for the Series 2005, 2010, AND 2012 bonds are reported on schedule NAME ROBERT S ADELSON ESQ TITLE TRUSTEE HOURS 2	K for JHS
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ROBERT L BARCHI MD PHD TITLE TRUSTEE HOURS 1	
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JANICE R BELLACE ESQ TITLE TRUSTEE HOURS 3	
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DAVID R BINSWANGER TITLE TRUSTEE HOURS 2	
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME IRA BRIND ESQ TITLE TRUSTEE HOURS 3	
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CARTER R BULLER ESQ TITLE TRUSTEE HOURS 3	
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME THOMAS COSTELLO TITLE TRUSTEE HOURS 1	
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JACK FARBER TITLE TRUSTEE HOURS 1	
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME BRIAN HARRISON TITLE TRUSTEE HOURS 1	
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME RICHARD W HEVNER TITLE SECRETARY/TREASURER HOURS 6	
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAMEHAROLD A HONICKMAN TITLE TRUSTEE HOURS 1	
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME HY MAN R KAHN MD TITLE TRUSTEE HOURS 1	
HOURS DEVOTED FOR RELATED ORGANIZATION	PART VII	NAME THOMAS THE PAIS WITTHE PRESSORS TRUSTER THURSHOLD	IDC 40
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME THOMAS J LEWIS III TITLE PRES, CEO & TRUSTEE TJUH, INC HOL	JKS 1U
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DOUGLAS J MACMASTER JR TITLE TRUSTEE HOURS 1	
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOSEPHINE C MANDEVILLE TITLE TRUSTEE HOURS 1	
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAMETHOMAS B MORRIS ESQ TITLE TRUSTEE HOURS 2	
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ALBERT PPARKER II ESQ TITLE TRUSTEE HOURS 1	
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CARO U ROCK TITLE TRUSTEE HOURS 2	

ldentifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MARK L TYKOCINSKI MD TITLE TRUSTEE HOURS 1
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ALEX WASILOV TITLE TRUSTEE HOURS 1
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAMER RICHARD WILLIAMS TITLE VICE CHAIRMAN HOURS 2
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME NEIL G LUBARSKY TITLE SENIOR VP,CFO,ASST TREASURER HOURS 10
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JAMES E ROBINSON TITLE SR VP AND CAO-METHODIST HOSP HOURS 3
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME GEORGE T RIZZUTO TITLE VP FINANCE METHODIST HOURS 14
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME STACEY MEADOWS TITLE S VP, GENERAL COUNSEL, ASST SEC HOURS 10
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAMEBRIAN SWIFT TITLE VP CHIEF OF PHARMACY HOURS 8

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE R** 

### **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

DLN: 93493134024183

Open to Public

Denartment of the Treasury

(Form 990)

Internal Revenue Se	'						Inspection	n
	organization con University Hospitals Inc				<b>Employer i</b> 23-28290	identification nur	mber	
Part I	Identification of Disregarded Entities (Comple	ete if the organization	on answered "Yes"	' on Form 990, Pa	art IV, line 33.)			
	(a) Name, address, and EIN of disregarded entity		(c) Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct contro entity	blling	
		+						
Part II	Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the	ne tax year.)	_		<u> </u>			(g)
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity statu (if section 501(c)(3		trolling Section :	512(b)(13 trolled nization
See Additional I	Data Table						res	NO
For Privacy A	Act and Paperwork Reduction Act Notice, see the Instructio	ns for Form 990.	Cat No 50	0135Y		Sche	dule R (Form 990	) 2011

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

				<u> </u>								
( <b>a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income	(g) Share of end-of- year assets	<b>(h</b> Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana part	ral or aging	<b>(k)</b> Percentage ownership
							Yes	No		Yes	No	I
(1) Riverview Surgery Center LP  Three Crescent Drive Navy Yard Cor Philadelphia, PA 191120000 26-3910345	Healthcare	PA	TJUH Inc	Related	980,207	4,657,300		No			No	51 000 %
(2) Riverview Surgery Center LLC Three Crescent Drive Navy Yard Cor Philadelphia, PA 191120000 26-3911509	Healthcare	PA	TJUH INC	Related	9,901	47,013		No			No	51 000 %

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

	<del>-</del>		=	_	-		
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership
(1) Jeffcare Inc 211 S 9th Street Walnut Towers S Philadelphia, PA 191070000 23-2830152	Healthcare	PA	TJUH INC	C Corporation	-313,366	95,285	100 000 %
(2) The Atrium Corporation 925 Chestnut Street Suite 311 Philadelphia, PA 191070000 23-2075587	Healthcare	PA	TJUH System Inc	C Corporation	588,631	1,258,431	100 000 %
(3) Healthmark Inc 2301 South Broad Street Philadelphia, PA 191480000 23-2259593	Healthcare	PA	TJUH System Inc	C Corporation	-51,218	183,883	100 000 %
(4) Mid-Atlantic Maternal Fetal Institute 925 Chestnut Street Suite 311 Philadelphia, PA 191070000 23-2922471	Healthcare	PA	TJUH Affiliates	C Corporation	0	0	100 000 %
(5) Mid-Atlantic Maternal Fetal Institute PC 925 Chestnut Street Suite 311 Philadelphia, PA 191070000 22-3536371	Healthcare	PA	TJUH Affiliates	C Corporation	0	0	100 000 %
(6) EXTERNALLY ADMINISTERED TRUSTS			NA			1,108,774	

(6)

Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organi	ızatıons lısted ın Parts	s II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)			1b		No
<b>c</b> Gift, grant, or capital contribution from related organization(s)			1c	Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s)			1d		No
e Loans or loan guarantees by related organization(s)			1e		No
f Sale of assets to related organization(s)			1f		No
g Purchase of assets from related organization(s)			<b>1</b> g		No
h Exchange of assets with related organization(s)			1h		No
i Lease of facilities, equipment, or other assets to related organization(s)			1i		No
					<u> </u>
j Lease of facilities, equipment, or other assets from related organization(s)			<u>1j</u>	Yes	<u> </u>
<b>k</b> Performance of services or membership or fundraising solicitations for related organization(s)			1k		No
I Performance of services or membership or fundraising solicitations by related organization(s)			11		No
$m{m}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1m		<u> </u>
n Sharing of paid employees with related organization(s)			1n	Yes	<u> </u>
Reimbursement paid to related organization(s) for expenses			10		No
P Reimbursement paid by related organization(s) for expenses			<u>1p</u>	Yes	—
					<u> </u>
q Other transfer of cash or property to related organization(s)			1q	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	No
r Other transfer of cash or property from related organization(s)			1r	Yes	<u> </u>
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, inc		onships and transact I	_		
(a) Name of other organization	<b>(b)</b> Transaction	(c) Amount involved	(d) Method of determine		ount
1) See Additional Data Table	type(a-r)	, and and any order	involve	1	
2)					
3)					
4)					
5)					

#### Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	section to 501(c)(3) organizations?		(f) Share of Share of total income assets				Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	<b>j)</b> eral or aging ener?	(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No			

Schedule R (Form 990) 2011

#### Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

Software ID: Software Version:

**EIN:** 23-2829095

Name: Thomas Jefferson University Hospitals Inc

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

		1	1	I	ı	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	<b>(f)</b> Direct Controlling Entity	g Section 512 (b)(13) controlled organization
TJUH System Inc  111 South 11th Street Philadelphia, PA 19107 26-3026795	Healthcare	PA	501(c) (3)	11, II	JHS	No
Emergency Transport Associates Inc 441 North 5TH Street Philadelphia, PA 19107 23-2622004	Healthcare	PA	501(c) (3)	9	TJUH System	Yes
Jeffex Inc  925 Chestnut Street Suite 311 Philadelphia, PA 19107 23-2622009	Healthcare	PA	501(c) (3)	11, I	TJUH System	Yes
JeffQuip Inc  12 Creek Parkway Boothwyn, PA 19061 23-2622001	Healthcare	PA	501(c) (3)	9	TJUH System	Yes
Walnut Home Therapeutics 919 Walnut Street 5th Floor Philadelphia, PA 19107 23-2622006	Healthcare	PA	501(c) (3)	9	TJUH System	Yes
Suthbreit Prpoerties LTD  2301 South Broad Street Philadelphia, PA 19148 23-2214351	Healthcare	PA	501(c) (2)		TJUH System	Yes
TJUH Health Affiliates  111 SOUTH 11TH Street Philadelphia, PA 19107 23-3026939	Healthcare	PA	501(c) (3)	11, II	TJUH System	Yes
Methodist Associates in Healthcare Inc 2301 South Broad Street Philadelphia, PA 19148 23-2678055	Healthcare	PA	501(c) (3)	11, I	TJUH System	Yes
Jefferson Medical Care PC 111 SOUTH 11TH STREET Philadelphia, PA 19107 23-3537847	Healthcare	PA	501(c) (3)	11, I	TJUH System	Yes
Jefferson Medical Care  111 SOUTH 11TH STREET Philadelphia, PA 19107 23-2858320	Healthcare	РА	501(c) (3)	11, I	TJUH System	Yes
Methodist Hospital Foundation 2301 south broad street philadelphia, PA 19148 23-2014559	fund raising	PA	501(c) (3)	11,1	TJUH SYSTEM	Yes

#### Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) A mount Involved (\$)	(d) Method of determining amount involved
(1)	EMERGENCY TRANSPORT ASSOCIATES INC	R	3,483,717	соѕт
(2)	JEFFQUIP INC	R	2,584,882	соѕт
(3)	WALNUT HOME THERAPEUTICS	R	22,360,187	соѕт
(4)	SUTHBREIT PROPERTIES	R	227,238	соѕт
(5)	METHODIST ASSOCIATES IN HEALTHCARE INC	R	1,612,102	соѕт
(6)	JEFFERSON MEDICAL CARE	R	6,380,475	соѕт
(7)	METHODIST HOSPITAL FOUNDATION	С	120,000	соѕт
(8)	METHODIST HOSPITAL FOUNDATION	Р	183,635	соѕт

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Form **4562** 

**Depreciation and Amortization** 

(Including Information on Listed Property)

DLN: 93493134024183

OMB No 1545-0172

Department of the Treasury nternal Revenue Service (99)	•	See separate i	inst ruct ions	. 🕨 Attach t	o your	tax re	et urn.		Attachment Sequence No <b>179</b>
Name(s) shown on return Thomas Jefferson Univers	sity Hospitals Inc		Business	or activity to w	nich th	ıs forn	n relates	]	dentifying number
				DEPRECIATION				2	23-2829095
	To Expense ( ou have any li					u con	anlete Dart I		
1 Maximum amount (see		· · ·	<u>, compice</u>	· · ·		•		1	\$ 500,000
2 Total cost of section 1	•	ed in service	(see instruc	ctions)				2	, , , , , , , , , , , , , , , , , , , ,
3 Threshold cost of sec				-	ıctıons	) .		3	\$ 2,000,000
4 Reduction in limitation								4	
5 Dollar limitation for ta					- If m	arried	filing		
separately, see instru	ctions							5	
								•	
6 (a)	Description of pr	operty		(b) Cost (bu		use	(c) Elected	cost	
				0111	<del>y )</del>				-
									7
<b>7</b> Listed property Enter	the amount from	line 29 .				7			7
8 Total elected cost of s	section 179 prop	erty Add amo	unts ın colu	mn (c), lines 6	and 7	•		8	
<b>9</b> Tentative deduction B	nter the <b>smaller</b>	of line 5 or lin	e 8 .					. 9	
10 Carryover of disallowe	ed deduction from	ılıne 13 of you	ır 2010 For	m 4562 .				. 10	
<b>11</b> Business income limitation	Enter the smaller of	business income	(not less than	zero) or line 5 (se	e instruc	tions)		11	
<b>12</b> Section 179 expense	deduction Add li	ines 9 and 10,	but do not	enter more thar	line 1	1 .		12	
13 Carryover of disallowe	ed deduction to 2	012 Add lines	9 and 10, I	ess line 12		13		-	
<b>Note:</b> Do not use Part									
									ty ) (See instructions )
14 Special depreciation a tax year (see instruct		lified property	(other than	listed property)	place	d in se	ervice during th	e   14	
15 Property subject to se		alection						15	
<b>16</b> Other depreciation (in		siection :				•		. 16	318,427
	epreciation (I	Oo not inclu	de listed p	roperty.) (Se	e ınstı	ructio	ns.)	.   10	310,427
				ction A			,		
17 MACRS deductions fo	r assets placed ı	n service in ta	x years beg	ınnıng before 2	011			17	
18 If you are electing	•	•		_	ıx yea	ır ınto	one or mo <u>re</u>	9	
general asset acco							▶□		
Section B-Ass	ets Placed in			1 Tax Year	Using	the	General De	preci	ation System
	(b) Month and	(c) Bası depreci							
(a) Classification of property	year placed in	(business/in	II	(d) Recovery period	(e) C	onvent	:ion <b>(f)</b> Met	hod	(g)Depreciation deduction
property	service	use only—see ins		porrou					acauction
<b>19a</b> 3-year property		omy seems	tructions)						
<b>b</b> 5-year property									
<b>c</b> 7-year property									
<b>d</b> 10-year property									
e 15-year property									
<b>f</b> 20-year property <b>g</b> 25-year property	+			25 yrs			S/L		
<b>h</b> Residential rental				27 5 yrs	N	1 M	S/L		
property				27 5 yrs		1 M	S/L		
i Nonresıdentıal real				39 yrs					
property					N	1 M	S/L		
	on C—Assets Plac	ced in Service	During 2011	Tax Year Using	the A	lterna		on Sys	tem
20a Class life	4			4.2			S/L		
<b>b</b> 12-year <b>c</b> 40-year	+			12 yrs 40 yrs		<u> м</u> м	S/L		
	<u> </u>	tions)		TU yıs	I	(1)			l
21 Listed property Enter		•						21	
22 Total. Add amounts from			, lines 19 a	ınd 20 ın colum	n (g), a	nd lin	e 21 Enter her		
and on the appropriate	e lines of your ret	urn Partnersh	ips and S c	orporations—se	e instr			. 22	318,427
23 For assets shown abore portion of the basis at	•	_			<u>.</u> .	23			

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

		vehicle for 24a, 24b, c														ble.
Section A-Depre																
<b>24a</b> Do you have evider	nce to support	the business/in	v estment ι	ise claimed	d? ┌ Yes	I No			24b	If "Yes,"	is the ev	/ idence	written?	Γ <sub>Y</sub> e	ᄝ	)
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Cost o		1 '	(e) deprecia s/investr e only)		(f) Recov perio	very Method/			<b>(h</b> Depreci deduc	ation/	Ele section c		179
25Special depreciation allo	•		erty placed	in service o	during the	tax year	and u	sed m	ore t	han 2						
26 Property used mor			husiness	use						1 2	<u> </u>					
		%														
		%														
27 Property used 5.0%	orloss in a	% gualified but	SIDOSS IIS	^												
27 Property used 50%	O OI IESS III a	quanned bus	silless us	е					ls.	/L -	$\neg$					
		%								/L -						
		%							S,	/L -				4		
28 Add amounts in c						ne 21,	page	1	•	28		1				
29 Add amounts in c	olumn (ı), lın					•	<u></u>		•			29				
Commission that the commission	<b></b>		ction B													
Complete this section If you provided vehicles to	ror venicies your employee	es, first answer	ore propri the questio	etor, part ns in Sectio	iner, or o on C to see	itner m Lifyoun	nore i neet a	nan n exc	5 % ( eptior	owner, 1 to compl	or relat eting this	ea per s sectior	son I for thos	se vehic	les	
30 Total business/in	vostmont mi	las drivan du	ring the	(a	a)	(1	b)		(	c)	(	d)	(4	≘)		f)
year ( <b>do not</b> inclu			ing the	Vehi	cle 1	Vehi	cle 2	_	Veh	ıcle 3	Vehi	cle 4	Vehi	cle 5	Vehi	icle 6
											<u> </u>					
<b>31</b> Total commuting		- '						-			<u> </u>					
<b>32</b> Total other persor	•															
33 Total miles driver	during the y	ear Add line	s 30													
through 32 . <b>34</b> Was the vehicle a	vallable for r	· · · ·		Yes	No	Yes	No	╁	es	No	Yes	No	Yes	No	Yes	No
		ersonar use		165	140	165	140	+ '	<b>E</b> 5	140	165	140	165	140	165	110
during off-duty ho <b>35</b> Was the vehicle u	sed primarily	· · · · · · · · · · · · · · · · · · ·	• • han 5%													-
owner or related p <b>36</b> Is another vehicle		r nerconal us						+		+	+					+-
		stions for		 	ho Dro	vido \	/obi		- 60.	llee b	 	l Sim Er	nnlov			
Answer these questio	ns to determ	iine if you me	et an exc												<b>not</b> mo	re tha
5% owners or related  37 Do you maintain a employees?	•			nibits all i	personal 	use of	vehic	eles,	ınclı •	udıng co	mmutir	ıg, by y	our	Y	es	No
<b>38</b> Do you maintain a employees? See t																
39 Do you treat all us										_		_				
<b>40</b> Do you provide movehicles, and reta	ore than five	vehicles to y	our empl			rmatio	n fror	n yol	ıren	nployees	about	the us	e of the	e		
<b>41</b> Do you meet the r				• • automobi	 Ie demor	• nstratio	n use	• e? (S	• ee ır	• nstructio	ns)					
Note: If your ansv	ver to 37.38	. 39. 40. or 4	11 is "Ye	s." do not	t comple	te Sect	ion B	fort	he c	overed	vehicle	S				
	rtization	, , ,		- <b>,</b>												
7.1110		(b)			,			<i>.</i>		(	e)			(5)		
(a) Description of c	osts	Date amortizatio	n	(c A mort amo	ızable		C	<b>(d)</b> Code ectioi		A mort	ization od or			<b>(f)</b> rtızatı hıs ye		
<b>42</b> A mortization of co	sts that bed	begins iins during yo	ur 2011	tax vear	(see inst	<u> </u>	ns )			perce	entage					
	<u> </u>			,		T				Τ						
										1						
43 A mortization of co	sts that bed	ıan before vo	ur 2011 1	ax vear							43					-

**44 Total.** Add amounts in column (f) See the instructions for where to report . . .

# TJUH System Table of Contents June 30, 2012 and 2011

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#### **Report of Independent Auditors**

Board of Trustees TJUH System Philadelphia, Pennsylvania

In our opinion, the accompanying consolidated balance sheets and the related consolidated statements of operations, changes in net assets and cash flows present fairly, in all material respects, the financial position of TJUH System and its subsidiaries ("TJUH") at June 30, 2012 and 2011, and the results of their operations, changes in net assets, and cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America. These financial statements are the responsibility of TJUH's management. Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits of these statements in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

October 18, 2012

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### TJUH System Consolidated Balance Sheets

June 30, 2012 and 2011

Assets	2012	2011
Current assets		
Cash and cash equivalents	\$8,978,298	\$30,395,551
Short-term investments	209,396,635	185,031,142
Accounts receivable, less allowance for doubtful accounts		
of \$27,660,000 in 2012 and \$26,882,000 in 2011	230,263,063	213,411,643
Inventory	26,660,518	17,674,446
Assets whose use is limited, current	19,466,636	16,503,534
Other current assets	11,068,915	10,245,010
Total current assets	505,834,065	473,261,326
Long-term investments	188,092,841	195,900,663
Assets whose use is limited, noncurrent	50,259,977	25,135,051
Assets held by affiliated foundation	7,199,228	5,882,954
Goodwill	11,417,619	11,417,619
Insurance recoverable	103,039,407	-
Other noncurrent assets	5,213,983	6,045,922
Land, buildings and equipment, net	539,327,755	531,341,720
Total assets	\$1,410,384,875	\$1,248,985,255
Liabilities and Net Assets		
Current liabilities		
Current portion of		
Long-term obligations	\$2,683,054	\$2,675,950
Due to Jefferson Health System	4,940,000	6,245,000
Accrued pension liability	16,789,392	8,000,000
Accrued professional liability claims	12,022,884	9,860,519
Accrued workers' compensation claims	6,814,430	6,001,973
Accounts payable and accrued expenses	135,990,660	129,040,726
Due to Thomas Jefferson University	13,712,794	11,264,578
Accrued payroll and related costs	61,844,039	56,272,401
Total current liabilities	254,797,253	229,361,147
Long-term obligations	25,529,551	128,911,793
Due to Jefferson Health System	292,005,866	197,053,047
Due to Thomas Jefferson University	12,000,000	9,947,000
Accrued pension liability	109,317,127	82,313,347
Accrued professional liability claims	205,692,814	93,334,658
Accrued workers' compensation claims	9,992,523	10,472,363
Other noncurrent liabilities, principally interest rate swap contracts	34,892,080	20,044,211
Total liabilities	944,227,214	771,437,566
Net assets		
Unrestricted	422,697,998	435,182,102
Noncontrolling interest in joint venture	2,152,540	1,065,455
Temporarily restricted	29,117,980	28,977,864
Permanently restricted	12,189,143	12,322,268
Total net assets	466,157,661	477,547,689
Total liabilities and net assets	\$1,410,384,875	\$1,248,985,255

TJUH System
Consolidated Statements of Operations and Changes in Net Assets
For the Years Ended June 30, 2012 and 2011

	2012	2011
Operating revenues, gains and other support:	¢1 464 249 102	¢1 292 640 275
Net patient service revenue Investment income	\$1,464,348,103 2,561,363	\$1,382,640,275 6,317,200
Other revenue	2,361,363 85,712,888	83,250,340
Net assets released from restriction	2,149,252	1,539,621
Total operating revenues, gains and other support	1,554,771,606	1,473,747,436
Operating expenses:		
Salaries and employee benefits	616,430,519	589,007,317
Pension	25,607,814	27,237,780
Supplies	308,034,255	295,055,993
Purchased services	238,195,897	227,879,951
Depreciation and amortization	62,312,041	54,776,205
Interest	9,936,188	10,251,956
Insurance	38,403,799	23,153,368
Provision for bad debts	42,256,818	43,137,190
Utilities	19,503,777	17,716,775
Other	147,377,356	140,175,754
Total operating expenses	1,508,058,464	1,428,392,289
Income from operations	46,713,142	45,355,147
Loss on extinguishment of debt	(470,181)	(3,844,488)
Income from operations after extinguishment of debt	46,242,961	41,510,658
Nonoperating gains (losses):		
Investment earnings	1,233,537	7,960,000
Contributions	805,690	711,119
Contributions expense	(2,772,071)	(2,481,737)
Net assets released from restriction	-	255,904
Other, principally interest rate swap contracts	(19,579,264)	905,296
Total nonoperating (losses) gains	(20,312,108)	7,350,581
Excess of revenues over expenses	25,930,853	48,861,239
Change in unrealized (losses) gains on investments	(3,824,766)	11,404,027
Net assets released from restrictions used for purchase of	1,797,575	3,314,858
property and equipment	1,171,010	5,51 1,050
Donated capital received	4,762,829	_
Change in noncontrolling interest in joint venture	1,087,085	1,065,455
(Increase) decrease in pension liability	(41,150,595)	20,152,943
	<u> </u>	
(Decrease) increase in unrestricted net assets	(\$11,397,019)	\$84,798,522

TJUH System
Consolidated Statements of Operations and Changes in Net Assets, continued
For the Years Ended June 30, 2012 and 2011

	2012	2011
Unrestricted net assets:		
Excess of revenues over expenses	\$25,930,853	\$48,861,239
Change in net unrealized (losses) gains on investments	(3,824,766)	11,404,027
Net assets released from restrictions used for purchase of property and equipment	1,797,575	3,314,858
Donated capital received	4,762,829	-
Change in noncontrolling interest in joint venture	1,087,085	1,065,455
(Increase) decrease in pension liability	(41,150,595)	20,152,943
(Decrease) increase in unrestricted net assets	(11,397,019)	84,798,522
Temporarily restricted net assets:		
Contributions	3,451,650	5,048,966
Interest, dividends, and net realized gains on investments	201,348	1,475,713
Net assets released from restriction	(3,946,827)	(5,120,383)
Change in net unrealized (losses) gains on investments	(882,329)	3,040,245
Change in assets held by an affiliated foundation	1,316,274	(619,229)
Increase in temporarily restricted net assets	140,116	3,825,312
Permanently restricted net assets:		
Change in net unrealized (losses) gains on externally held trusts	(133,125)	310,417
(Decrease) increase in permanently restricted net assets	(133,125)	310,417
(Decrease) increase in net assets	(11,390,028)	88,934,251
Net assets, beginning of year	477,547,689	388,613,438
Net assets, end of year	\$466,157,661	\$477,547,689

# TJUH System Consolidated Statements of Cash Flows For the Years Ended June 30, 2012 and 2011

	2012	2011
Cash flows from operating activities:		
(Decrease) increase in net assets	(\$11,390,028)	\$88,592,651
Adjustments to reconcile changes in net assets to net cash		
provided by operating activities:		
Increase (decrease) in pension liability	41,150,595	(20,152,943)
Depreciation and amortization	62,312,041	54,776,205
Provision for bad debts	42,256,818	43,137,190
Loss on disposal of ambulatory/orthopaedic project	-	6,566,716
Loss on extinguishment of debt	470,181	3,844,488
Assets held by affiliated foundation	(1,316,274)	619,229
Amortization of premium discount	(107,182)	(71,650)
Net realized and unrealized losses (gains) on investments	2,690,411	(29,948,234)
Donated capital received	(4,762,829)	-
Other-than-temporary impairment of assets	845,051	341,933
Net loss (gain) on interest rate swap	14,915,969	(4,861,767)
Net gain on sale of assets	(77,904)	(77,904)
Equity in earnings of joint venture	(1,264,949)	(1,639,155)
Noncontrolling interest in joint venture	(1,087,085)	(552,354)
Net change due to:		
Accounts receivable	(59,108,239)	(57,686,931)
Inventories	(8,986,072)	(643,395)
Other current and noncurrent assets	(526,170)	(76,940)
Accounts payable and accrued expenses	12,345,043	16,067,778
Payable to Thomas Jefferson University	4,501,216	17,549,820
Accrued pension liability	(5,357,423)	(4,554,881)
Insurance recoverable	(103,039,407)	-
Accrued professional claims liability	114,520,521	1,225,960
Accrued workers' compensation liability	332,617	2,135,468
Other liabilities	1,447,737	3,188,831
Net cash provided by operating activities	100,764,638	117,780,115
Cash flows from investing activities:		
Short-term investments, net	(23,917,063)	10,652,386
Assets whose use is limited, net	(28,088,029)	(12,394,150)
Change in securities lending invested collateral	(254,432)	816,296
Purchase of land, buildings and equipment	(69,979,619)	(88,455,111)
Purchases of investments	(135,651,840)	(152,443,229)
Sales of investments	140,740,718	151,916,314
Net cash used in investing activities	(117,150,265)	(89,907,494)

## TJUH System Consolidated Statements of Cash Flows, continued For the Years Ended June 30, 2012 and 2011

	2012	2011
Cash flows from financing activities:		
(Distribution to) contribution received from noncontrolling		
interest	(428,750)	171,500
Proceeds from donated capital	4,762,829	
Change in securities lending payable	254,432	(816,296)
Proceeds from long-term borrowings	100,000,000	186,007,097
Repayment of long-term borrowings	(109,620,137)	(193,837,509)
Net cash used in financing activities	(5,031,626)	(8,475,208)
Net (decrease) increase in cash and cash equivalents	(21,417,253)	19,397,413
Cash and cash equivalents at beginning of year	30,395,551	10,998,138
Cash and cash equivalents at end of year	\$8,978,298	\$30,395,551
Supplemental disclosure of cash flow information:		
Interest paid, net of amount capitalized	\$14,787,785	\$14,774,049

#### 1. Summary of Significant Accounting Policies:

#### **Nature of Operations**

TJUH System ("TJUH"), located in Philadelphia, Pennsylvania, is an integrated healthcare organization that provides inpatient, outpatient, and emergency care services through acute care, ambulatory care, physician, and other primary care services for residents of the Greater Philadelphia Region. Effective July 1, 2000, the Board of Directors of Thomas Jefferson University Hospitals, Inc. (the "Hospital") and Jefferson Health System ("JHS") approved a corporate reorganization of the Hospital. The new operating structure, known as TJUH System, includes all former combined entities of the Hospital. TJUH maintains an academic affiliation with Thomas Jefferson University ("TJU"). Related party transactions and their effects on the financial statements are discussed in Note 11. The consolidated financial statements of TJUH include the accounts and subsidiaries of Thomas Jefferson University Hospital, the Jefferson Hospital for Neuroscience Division, the Methodist Hospital Division, TJUH Health Affiliates, the Atrium Corporation and Jeffex, Inc., and the Riverview Surgery Center at the Navy Yard, LP ("Riverview"), a 51%-owned joint venture.

JHS is the sole corporate member of TJUH. JHS is a regional integrated healthcare delivery system. The other members of JHS are Magee Rehabilitation Hospital ("Magee") and Main Line Health ("MLH").

#### **Basis of Presentation**

The accompanying consolidated financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

#### **Principles of Consolidation**

The accompanying consolidated financial statements include the financial position, results of operations and cash flows of TJUH and its subsidiaries. All significant intercompany transactions have been eliminated in consolidation.

#### **Use of Estimates**

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make, where necessary, estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements, the reported amounts of revenues and expenses during the reporting period and the accompanying notes. Management considers critical accounting policies to be those that require more significant judgments and estimates in the preparation of the financial statements including, but not limited to, recognition of net patient service revenue, which includes contractual allowances and provisions for bad debt; estimates for healthcare professional and general liabilities; determination of fair values of certain financial instruments; and assumptions for measurement of pension liabilities. Management relies on historical experience and other assumptions believed to be reasonable relative to the circumstances in making judgments and estimates. Actual results could differ from these estimates.

#### 1. Summary of Significant Accounting Policies, continued:

#### **Financial Statement Presentation**

TJUH accounts for its net assets by classifying them into three categories according to externally-imposed restrictions. The three net asset categories are as follows:

- Unrestricted Net Assets are available for the support of operations and are not externally restricted, although their use may be limited by other factors such as by contract or board designation.
- **Temporarily Restricted Net Assets** include gifts for which donor-imposed restrictions have not been met and trust activity and pledges receivable for which the ultimate purpose of the proceeds is not permanently restricted.
- **Permanently Restricted Net Assets** include gifts, trusts, and pledges which require that the corpus be invested in perpetuity and only the income be made available for operations in accordance with donor restrictions.

#### **Income Taxes**

TJUH and certain of its subsidiaries are not-for-profit corporations and have been recognized as tax-exempt pursuant to Section 501(c) (3) of the Internal Revenue Code.

#### Cash and Cash Equivalents

Cash and cash equivalents consist of cash and short-term investments in highly liquid debt instruments with an original maturity of three months or less. Cash and cash equivalents are carried at cost which approximates market value.

#### **Charitable Medical Care Provided**

TJUH provides medically necessary services to all patients regardless of their ability to pay. Some patients qualify for charity care based on policies established by TJUH and are therefore not responsible for payment for all or a part of their healthcare services. These policies allow for the provision of free or discounted care in circumstances where requiring payment would impose financial hardship on the patient. Charges for services rendered to patients who meet TJUH's guidelines for charity care are not separately recorded in the accompanying consolidated financial statements.

TJUH maintains records to identify and monitor the level of charity care provided. These records include the amount of charges foregone for services and supplies furnished. Such amounts have been excluded from net patient service revenue. Management estimates that the cost of charity care provided by TJUH was \$11,170,827 and \$9,107,044 for the years ended June 30, 2012 and June 30, 2011, respectively. These amounts do not include the provision for bad debts of \$42,256,818 and \$43,137,190 in 2012 and 2011, respectively, which is reflected separately in the accompanying consolidated statements of operations and changes in net assets. The estimated costs of providing charity services are based on a calculation which applies a ratio of costs to charges to the gross uncompensated charges associated with providing care to charity patients. The ratio of cost to charges is calculated based on the Hospital's total expenses (less bad debt expense) divided by gross patient service revenue.

#### 1. Summary of Significant Accounting Policies, continued:

#### Other Uncompensated Community Services (unaudited)

Services are provided to patients in the community who are insured under the Pennsylvania Medical Assistance Program. The cost of providing services to eligible welfare recipients who participate in this program exceeded reimbursement by \$62,979,935 and \$52,986,175 in 2012 and 2011, respectively.

In furtherance of its exempt purpose to benefit the community, TJUH provides education and training for medical residents, nurses and other healthcare professionals. Amounts expended for these services exceeded reimbursement by \$25,790,984 and \$23,072,989 in 2012 and 2011, respectively.

TJUH also provides various community services such as the provision of subsidized emergency services; telemedicine services for stroke patients at community hospitals; education for diabetes and heart disease; screenings for stroke and cancer risk; cancer support groups; senior health education; nutritional counseling for obesity; maternal and childbirth education; and youth participation in various work-ready or career preparation programs. Many of these services target areas of health disparity and include working with schools, grassroots organizations and other partners. The net amounts expended for the foregoing services were \$28,279,793 and \$23,212,690 in 2012 and 2011, respectively.

#### **Net Patient Service Revenue**

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered and are adjusted in future periods as final settlements are determined.

Revenue from the Medicare and Medicaid fee-for-service and managed care programs accounted for approximately 28.63% and 11.80%, respectively, and 32.33% and 10.22%, respectively of net patient service revenue in 2012 and 2011, respectively. Most payments to TJUH from the Medicare and Pennsylvania Medicaid programs for inpatient hospital services are made on a prospective basis. Under these programs, payments are made at a pre-determined specific rate for each discharge based on a patient's diagnosis. Additional payments are made to TJUH as a teaching and disproportionate share hospital, as well as for cases that have an extremely long length-of-stay or unusually high costs. Laws governing the Medicare and Medicaid programs are complex and subject to interpretation. Services billed to the Medicare program are subject to external review for both medical necessity and billing compliance. Medicare cost reports for all years before 2008 have been audited and final settled. The 2008, 2009 and 2010 Medicare cost reports have been audited but there has not been a final settlement as of June 30, 2012 attributed to delays in Medicare program finalizing disproportionate share factors. No significant adjustments are expected. In addition, TJUH received funds from the Philadelphia Hospital Assessment program, the Medical Assistance Modernization Act-Quality Care Assessment program and the Medicare Wage Index Group Appeal in the amount of \$79,204,891 in 2012 and the Philadelphia Hospital Assessment program and Medical Assistance Modernization Act-Quality Care Assessment program in the amount of \$67,999,789 in 2011, respectively. TJUH paid taxes in respect to these programs amounting to \$53,874,043 and \$49,778,281 in 2012 and 2011, respectively, and are recorded in other operating expenses. Both programs were designed to provide supplemental funding for licensed acute care hospitals with the Philadelphia Hospital Assessment program specifically designated for hospital emergency services.

#### 1. Summary of Significant Accounting Policies, continued:

TJUH has also entered into agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to TJUH under these agreements includes prospectively determined rates per discharge, discounts from established charges, prospectively determined daily rates and capitated rates. Revenue from the most notable of these types of insurers amounted to 24.32% and 8.16%, respectively, and 24.41% and 8.37%, respectively, of TJUH's net patient service revenue in 2012 and 2011, respectively.

#### Allowance for Doubtful Accounts

TJUH records an allowance for doubtful accounts for estimated losses resulting from the failure of patients to make payments for services. The allowance is determined by analyzing historical data and trends. Accounts receivable are written off against the allowance for doubtful accounts when management determines that recovery is unlikely and collection efforts cease.

#### Land, Buildings, Equipment and Depreciation

Land, buildings and equipment are stated at cost. Depreciation is calculated utilizing the straight-line method based on the estimated useful lives of the underlying assets. Gains and losses from retirement or disposition of fixed assets are recognized in the consolidated statements of operations and changes in net assets as nonoperating income at the time of disposition.

#### Goodwill

The amount of the intangible asset is \$11,417,619 comprised primarily of assets related to the acquisition of the inpatient ophthalmology program from Wills Eye Hospital and the acute care program from St. Agnes Medical Center. TJUH performed an impairment assessment by comparing the assets' fair value to the carrying value of the goodwill at June 30, 2012 and no impairment charge was warranted.

#### Inventory

Predominantly, inventories are valued on a cost basis using the first-in, first-out ("FIFO") method.

#### **Investments and Investment Income**

TJUH records investments in marketable securities with readily determinable fair values and investments in debt securities at fair value in the consolidated balance sheets. Fair values for certain private equity and real estate investments ("alternative investments") are estimated by the respective external investment managers if market values are not readily ascertainable. Investments in joint ventures are accounted for under the equity method.

Net realized gains and losses, interest and dividends on unrestricted cash, cash equivalents, short-term investments, and trustee held funds associated with self-insurance and debt obligations are included in operating income. Net realized gains and losses, interest and dividends on long-term investments and changes in unrealized gains or losses on alternative investments and on impaired assets are included in nonoperating income. Changes in unrealized gains or losses on all other long-term investments are shown as a change in net assets, unless other than temporary impairments of investments are recognized, in which case, unrealized losses are recorded in nonoperating income.

Income on investments of donor-restricted funds, including unrealized gains and losses, is added to or deducted from the appropriate net asset category based on donor restrictions or state law.

#### 1. Summary of Significant Accounting Policies, continued:

TJUH followed an endowment spending policy in 2012 and 2011 of 5% of the three-year moving average of the market value of its long-term investment portfolio measured annually at March 31<sup>st</sup>. As a result of this policy, funds released from restricted long-term investments and amounts withdrawn from unrestricted long-term investments amounted to \$1,124,455 and \$2,682,290 respectively, and \$1,539,621 and \$2,995,881, respectively, in 2012 and 2011, respectively. Additionally, funds released from restricted net assets for receipt of external pledges and donor-restricted gifts amounted to \$1,024,797 and \$255,904 in 2012 and 2011, respectively.

#### **Investment in Assets of Affiliated Foundation**

The Methodist Hospital Foundation (the "Foundation"), a separate corporation not under the control of TJUH, accepts gifts and bequests and engages in fundraising activities for the benefit of Methodist Hospital. The Board of Trustees of the Foundation, at its sole discretion, is authorized to contribute Foundation funds to Methodist Hospital. Underlying investments held by the Foundation with restrictions benefiting only Methodist Hospital amounting to \$7,199,288 and \$5,882,954 at June 30, 2012 and 2011, respectively, are presented in the consolidated balance sheets. Net changes in the fair market value of such assets were recorded as changes in assets held by an affiliated foundation in the consolidated statements of changes in net assets.

While the sole purpose of the Foundation is to support Methodist Hospital, this accounting treatment does not imply that the Foundation's assets or investment income are those of TJUH. The consolidated financial statements do not reflect or establish the legal relationship, agency or otherwise, between the Foundation and TJUH, or any right to assets owned by the Foundation. The by-laws of the Foundation provide that all assets held by it shall not be subject to attachments, execution, or sequestration for any debt, obligation or liability of TJUH or any other person or entity. In particular, the Foundation is not party to or obligated by any debt instrument of TJUH, and assets owned by the Foundation are not subject to the lien of any such debt instrument.

#### **Beneficial Interest in Perpetual Trusts**

Beneficial interest in perpetual trusts represents TJUH's interest in perpetual trusts, which are administered by independent trustees and generally consist of marketable equity securities. Because the trusts are perpetual and the original corpus cannot be violated by spending, they are reported as permanently restricted net assets.

#### **Donor-Restricted Gifts**

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets.

When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of operations as net assets released from restriction, unless expended for the purchase of long-lived assets, in which case, they are reported as a change in unrestricted net assets. Donor-restricted contributions whose restrictions are met within the same year as received are reflected as unrestricted contributions in the accompanying consolidated financial statements.

# 1. Summary of Significant Accounting Policies, continued:

#### Other Revenue

Other revenue is derived from services other than the provision of health care services or coverage to patients or residents. This revenue consists primarily of TJU services income, biomedical services income, retail pharmacy income, rental income, cafeteria income, grant income, and other miscellaneous income.

### **Excess of Revenues over Expenses**

TJUH's excess of revenues over expenses in the consolidated statements of operations and changes in net assets includes all unrestricted revenues, expenses, gains and losses from continuing operations; contributions of long-lived assets and the costs of related fundraising efforts; and, realized gains and losses on long-term investments and the undistributed earnings thereon, including changes in unrealized gains or losses on alternative investments and on impaired assets. Changes in unrealized gains or losses on all other long-term investments, and the permanent transfers of assets to and from affiliates for other than goods and services are excluded.

### Reclassifications

Certain prior year amounts in the consolidated balance sheets have been reclassified to conform to the current year presentation.

### **Subsequent Events**

TJUH has performed an evaluation of subsequent events through October 12, 2012, which is the date the financial statements were issued and none were discovered that needed adjustment to or disclosure in the financial statements.

### 2. Net Assets:

Temporarily and permanently restricted net assets are classified according to donor or time restrictions. Temporarily restricted net assets are restricted for patient care and various healthcare-related expenditures that can be spent in the future subject to certain spending limitations by Pennsylvania statute. Net assets are categorized as follows at June 30, 2012 and 2011:

	2012	2011
Temporarily restricted net assets consist of the following:		
Long-term investments	\$18,295,358	\$19,904,004
Special purpose funds	9,922,154	8,868,552
Pledges	900,468	205,308
	\$29,117,980	\$28,977,864
Permanently restricted net assets consist of the following:		
Long-term investments	\$7,864,002	\$7,871,205
Assets held by affiliated foundation	2,259,295	2,259,295
Externally held trusts	2,065,846	2,191,768
Total	\$12,189,143	\$12,322,268

#### 3. Assets Whose Use is Limited:

Assets whose use is limited are presented in the consolidated balance sheets at June 30, 2012 and 2011 and consisted of the following:

	2012	2011
Board designated funds for plant replacement		
and expansion	\$50,125,000	\$25,000,000
Board designated funds for self-insurance arrangements	18,837,314	15,862,492
Debt service funds	98,190	114,173
Translational Medicine program funds	300,000	300,000
Women's Board and Medical Staff funds	366,109	361,920
Total	\$69,726,613	\$41,638,585
Less: Current portion	(19,466,636)	(16,503,534)
Noncurrent portion	\$50,259,977	\$25,135,051

### 4. Investments and Investment Income:

Short term investments were \$209,396,635 and \$185,031,142 at June 30, 2012 and June 30, 2011, respectively, and included amounts set aside for working capital obligations. Long-term investments were \$188,092,841 and \$195,900,663 at June 30, 2012 and June 30, 2011, respectively. For its long-term investment portfolio, TJUH pools funds with TJU and utilizes the unitization method of accounting for investments in pooled funds. TJUH had approximately 30% of the total shares of the pooled funds at June 30, 2012 and 2011. Also included in long-term investments were non-pooled investments of \$2,958,445 and \$3,404,171 at June 30, 2012 and June 30, 2011, respectively.

TJUH has made commitments to various private equity and real estate limited partnerships. The total amount of unfunded commitments is \$12,363,180 and \$16,062,549 at June 30, 2012 and June 30, 2011, respectively, which represents 7.6% and 9.7% of the value of TJUH's pooled investments at June 30, 2012 and June 30, 2011, respectively. TJUH expects these funds to be called over the next 3 to 5 years.

The fair value of all debt and equity securities with a readily determinable fair value is based on quotations obtained from national securities exchanges. The alternative investments, which are not readily marketable, are carried at net asset values as provided by the investment managers. These investments are valued at the latest available unaudited net asset value of the investments. Management reviews the values as provided by the investment managers and believes that the carrying amount of these investments is a reasonable estimate of fair value. Because alternative investments are not readily marketable, their estimated values are subject to uncertainty and therefore may differ from the value that would have been used had a ready market for such investments existed. Alternative investments were valued at \$49,559,956 and \$44,977,231 at June 30, 2012 and June 30, 2011, respectively. TJUH recorded net unrealized losses on these investments of \$272,612 in 2012 and net unrealized gains on these investments of \$3,096,118 in 2011.

Investment securities with an aggregate fair value of \$2,677,653 and \$2,423,213 at June 30, 2012 and June 30, 2011, respectively, were loaned primarily on a short-term basis to various brokers in

### 4. Investments and Investment Income, continued:

connection with a securities lending program. These securities are returnable on demand and are collateralized by cash deposits amounting to 103% at June 30, 2012 and June 30, 2011 of the market value of the securities loaned. TJUH receives lending fees and continues to earn interest and dividends on the loaned securities.

Investment income, realized gains and unrealized losses included in the consolidated statements of operations and changes in net assets are comprised of the following in 2012 and 2011:

	2012	2011
Investment income included in operating income:		
Interest and dividends	\$2,506,430	\$4,052,643
Net realized (losses) gains on sales of investments	(1,210,016)	625,402
Equity in earnings of joint venture	1,264,949	1,639,155
	2,561,363	6,317,200
Investment income included in nonoperating income:		
Interest and dividends	1,054,889	947,788
Net realized gains on sales of investments	1,296,311	4,258,027
Change in unrealized (losses) gains on alternative investments	(272,612)	3,096,118
Other-than-temporary impairment of assets	(845,051)	(341,933)
	1,233,537	7,960,000
Total	\$3,794,900	\$14,277,200

Unrealized losses on investments amounted to \$4,097,378 (inclusive of losses of \$272,612 for alternative investments) and unrealized gains on investments amounted to \$14,500,145 (inclusive of gains of \$3,096,118 for alternative investments) in 2012 and 2011, respectively. Except for unrealized gains and losses on alternative investments, all other unrealized gains and losses are included in the change in net assets.

### 5. Fair Value Measurement:

This guidance defines fair value, establishes a framework for measuring fair value and enhances disclosure about fair value measurements. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants at the measurement date.

There is a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value as follows:

**Level 1** – Inputs that reflect unadjusted quoted prices in active markets for identical assets or liabilities.

# 5. Fair Value Measurement, continued:

Level 2 – Observable inputs other than Level 1 prices, such as quoted prices for similar instruments; quoted prices in markets that are not active; or other inputs that are observable or that can be corroborated by observable market data.

**Level 3** – Unobservable inputs that are supported by little or no market activity and are significant to the fair value measurement.

The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

Assets and liabilities measured at fair value are based on one or more of the three valuation techniques as follows:

**Market approach** – Prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities.

**Cost approach** – Amount that would be required to replace the service capacity of an asset (i.e., replacement cost).

**Income approach** – Techniques to convert future amounts to a single present amount based on market expectations (including present value techniques and option-pricing models).

The following table presents assets and liabilities measured and recorded at fair value on a recurring basis and their level within the fair value hierarchy as of June 30, 2012:

	Assets at Fair Value as of June 30, 2012			
	Level 1	Level 2	Level 3	Total
Hedge funds	\$0	\$0	\$29,485,568	\$29,485,568
Cash & cash equivalents	185,790,793	12,208,326	-	197,999,119
Equity securities	22,472,597	-	-	22,472,597
Fixed income securities	-	139,507,736	-	139,507,736
Mutual funds	-	44,958,636	-	44,958,636
External trusts	-	2,065,846	-	2,065,846
Preferred securities	91,430	-	-	91,430
Private equity	-	-	14,426,410	14,426,410
Real estate		7,371,193	5,647,978	13,019,171
Total	\$208,354,820	\$206,111,737	\$49,559,956	\$464,026,513

# 5. Fair Value Measurement, continued:

Investments recorded at cost at June 30, 2012 totaled \$3,189,577.

	Liabilities at Fair Value as of June 30, 2012			
	Level 1	Level 2	Level 3	Total
Swap contracts	\$0_	\$33,118,730	\$0	\$33,118,730
Total	\$0	\$33,118,730	\$0	\$33,118,730

A roll forward of those assets and liabilities as Level 3 within the fair value hierarchy by TJUH is as follows:

Danish dian	Hedge	Private	Real	T-4-1
Description	Fund	Equity	Estate	Total
Opening balance	\$25,216,683	\$13,060,936	\$6,699,612	\$44,977,231
Transfer out	-	(105)	-	(105)
Transfer in	-	97	-	97
Acquisitions	13,950,148	3,600,914	968,522	18,519,584
Dispositions	(9,214,118)	(3,661,917)	(2,428,918)	(15,304,953)
Net realized gain (loss)	886,516	449,435	(445,845)	890,106
Net unrealized gain (loss)	(1,353,761)	977,150	854,607	477,996
Closing balance at June 30, 2012	\$29,485,468	\$14,426,510	\$5,647,978	\$49,559,956

The following table presents assets and liabilities measured and recorded at fair value on a recurring basis and their level within the fair value hierarchy as of June 30, 2011:

	Assets at Fair Value as of June 30, 2011			
	Level 1	Level 2	Level 3	Total
Hedge funds	\$0	\$0	\$25,216,683	\$25,216,683
Cash & cash equivalents	120,577,893	20,817,398	-	141,395,291
Equity securities	23,566,695	-	-	23,566,695
Fixed income securities	25,184,781	121,519,099	-	146,703,880
Mutual funds	-	52,337,201	-	52,337,201
External trusts	-	2,191,768	-	2,191,768
Preferred securities	21,282	-	-	21,282
Private equity	-	-	13,060,936	13,060,936
Real estate		7,746,003	6,699,612	14,445,615
Total	\$169,350,651	\$204,611,469	\$44,977,231	\$418,939,351

### 5. Fair Value Measurement, continued:

Investments recorded at cost at June 30, 2011 totaled \$3,631,039.

	Liabilities at Fair Value as of June 30, 2011			
	Level 1	Level 2	Level 3	Total
Swap contracts	\$0	\$18,202,761	\$0	\$18,202,761
Total	\$0	\$18,202,761	\$0	\$18,202,761

A roll forward of those assets and liabilities as Level 3 within the fair value hierarchy by TJUH is as follows:

		Private		
Description	Hedge Fund	Equity	Real Estate	Total
Opening balance	\$23,476,594	\$12,262,723	\$6,943,475	\$42,682,792
Transfer out	-	-	(164,984)	(164,984)
Transfer in	-	164,984	-	164,984
Acquisitions	2	5,645,388	1,244,216	6,889,606
Dispositions	(120,712)	(7,504,059)	(604,474)	(8,229,245)
Net realized gain (loss)	(420,622)	1,401,610	(168,947)	812,041
Net unrealized gain (loss)	2,281,421	1,090,290	(549,674)	2,822,037
Closing balance at June 30, 2011	\$25,216,683	\$13,060,936	\$6,699,612	\$44,977,231

### 6. Endowment:

TJUH's endowment consists of approximately 126 individual funds established for a variety of purposes. The endowment includes both donor-restricted endowment funds and funds designated by the Board of Trustees to function as endowments. Net assets associated with endowment funds, including funds designated by the Board of Trustees to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

TJUH has interpreted the Pennsylvania State Prudent Management of Institutional Funds Act ("SPMIFA") as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, TJUH classifies as permanently net restricted assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund.

The remaining portion of the donor-restricted endowment fund, except for beneficial interests in perpetual trusts, that is not classified in permanently restricted net assets is classified as temporarily

# 6. Endowment, continued:

restricted net assets until those amounts are appropriated for expenditure by the organization in a manner consistent with the standard of prudence prescribed by SPMIFA.

At June 30, 2012, the endowment net asset composition consisted of the following:

Unre stricte d	Temporarily Restricted	Permanently Restricted	Total
\$62,803,675	\$18,295,358	\$7,864,002	\$88,963,035

Also included in permanently restricted net assets were investments in perpetual trust funds of \$2,065,846 and assets held by an affiliated foundation of \$2,259,295.

Changes in endowment net assets for the year ended June 30, 2012 consisted of the following:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning of year	\$66,381,352	\$19,909,004	\$7,871,205	\$94,161,561
Investment return: Investment (loss) income Net realized and unrealized	(355)	3,038	-	2,683
depreciation	(2,111,568)	(679,473)		(2,791,041)
Total investment income	(2,111,923)	(676,435)		(2,788,358)
Contributions	143,265	257,712	4,000	404,977
Appropriation of endowment assets for expenditure	(2,682,290)	(1,133,070)	-	(3,815,360)
Other changes: Additions/transfers Reclassification	1,076,603 (3,332)	(61,853)	(11,203)	1,014,750 (14,535)
Endowment net assets, end of year	\$62,803,675	\$18,295,358	\$7,864,002	\$88,963,035

### 6. Endowment, continued:

At June 30, 2011, the endowment net asset composition by type of fund consisted of the following:

Unrestricte d	Temporarily Restricted	Permanently Restricted	Total
\$66,381,352	\$19,909,004	\$7,871,205	\$94,161,561

Also included in permanently restricted net assets were investments in perpetual trust funds of \$2,191,768 and assets held by an affiliated foundation of \$2,259,295.

Changes in endowment net assets for the year ended June 30, 2011 consisted of the following:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning of year	\$57,366,148	\$16,871,955	\$7,880,477	\$82,118,580
Investment return: Investment income Net realized and unrealized	621,360	294,084	-	915,444
appreciation	9,996,966	4,272,825		14,269,791
Total investment income	10,618,326	4,566,909		15,185,235
Contributions	63,704	4,635	-	68,339
Appropriation of endowment assets for expenditure	(2,995,881)	(1,295,153)	-	(4,291,034)
Other changes: Additions/transfers Reclassification	1,329,055	(239,342)	(9,272)	1,089,713 (9,272)
Endowment net assets, end of year	\$66,381,352	\$19,909,004	\$7,871,205	\$94,161,561

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor requires TJUH to retain as a fund of perpetual duration. Shortfalls of this nature, which are reported in unrestricted net assets, were \$9,451 as of June 30, 2012. These shortfalls resulted from unfavorable market fluctuations that occurred shortly after the investment of new permanently restricted contributions and continued appropriation for certain programs that was deemed prudent by TJUH's Board of Trustees.

### 7. Medical Resident FICA Refund:

In March 2010, the IRS announced that for periods ending before April 1, 2005, medical residents would be eligible for the student exception of FICA taxes. Institutions that had filed timely FICA refund claims covering periods up through that date are eligible for refunds of both the employer and employee portions of FICA taxes paid, plus statutory interest. As a result of this decision by the IRS, TJUH recorded other revenue of \$14,500,000 for the employer portion and also recorded accounts receivable of \$21,750,000 and accrued liabilities of \$7,250,000. Accounts receivable include both the employer and medical residents' amounts and accrued liabilities include the portion of the refund which may be collected on behalf of the medical residents. This estimate reflects the initial valuation of the refund, which may be subject to changes in future periods.

# 8. Land, Buildings and Equipment:

A summary of land, buildings and equipment at June 30, 2011 and 2010 is as follows:

	2012	2011
Land and land improvements	\$16,251,573	\$16,226,973
Buildings and building improvements	560,467,797	527,082,548
Equipment	565,040,331	518,963,674
Leasehold improvements	11,293,827	7,894,556
Construction in progress	8,384,972	21,957,467
Subtotal	1,161,438,500	1,092,125,218
Less: accumulated depreciation	(622,110,745)	(560,783,498)
Total	\$539,327,755	\$531,341,720

Buildings and building improvements, leasehold improvements, and land improvements are depreciated using an average estimated useful life of 20 years. Equipment is depreciated using an average estimated useful life of 8 years. No depreciation expense is taken on land or construction in progress. TJUH recorded depreciation expense of \$61,993,584 and \$54,427,284 in 2012 and 2011, respectively.

# 9. Long-Term Obligations:

Long-term obligations at June 30, 2012 and 2011 consisted of the following:

	2012	2011
The Hospitals and Higher Education Facilities Authority		
of Philadelphia Series of 2003 Hospital Revenue Bonds (a)	\$985,000	\$1,180,000
The Pennsylvania Economic Development Financing Authority		
Series of 2007 TJUH System Revenue Bonds (b)	-	100,000,000
Mortgage Loan - 925 Chestnut Street (c)	19,793,656	20,707,665
Operating Line of Credit (d)	225,000	750,000
Capital Lease Obligations (e)	7,208,949	8,890,078
Promissory note (f)		60,000
Subtotal	28,212,605	131,587,743
Less: amounts due within one year	(2,683,054)	(2,675,950)
Total	\$25,529,551	\$128,911,793

(a) On June 30, 2003, the Hospitals and Higher Education Facilities Authority of Philadelphia issued the Series of 2003 Hospital Revenue Bonds, maturing on January 1, 2017, in the amount of \$6,500,000 for the "Thomas Jefferson University Hospital Project". The proceeds of the bonds were used to provide funding for the construction and equipping of improvements to the existing facilities of TJUH and its affiliates located in the City of Philadelphia, Pennsylvania; the refinancing of the Methodist Hospital Nursing Center Mortgage and Construction Loan, the Methodist Hospital Term Loan, and the Suthbreit Mortgage Loan; and, the payment of the costs of issuing the bonds.

The bonds are remarketed weekly by a bank and traded at a rate of 0.22% at June 30, 2012. Interest rates ranged from 0.07% to 0.30% during 2012. TD Bank is the remarketing agent for the bonds. The bonds may be converted to a long-term rate or to a short-term rate with a different short-term rate period, as elected by TJUH, following which such bonds will bear interest at a variable rate determined by TD Bank.

A reimbursement agreement was entered into with the bank to provide for the issuance of a long-term letter of credit under which TJUH will reimburse the bank for draws upon the letter of credit. The letter of credit provides amounts sufficient to pay the purchase price of any bonds tendered for purchase and not remarketed. The termination date is June 30, 2014.

(b) On August 16, 2007, The Pennsylvania Economic Development Financing Authority (the "Authority") issued the Series 2007 TJUH System Revenue Bonds (the "Bonds"), maturing on October 1, 2037, in the amount of \$100,000,000. The Bonds were issued in conjunction with \$34,650,000 of Series 2007 Main Line Health Revenue Bonds pursuant to a Trust Indenture dated August 1, 2007, with The Bank of New York Trust Company, N.A., as bond trustee. These bonds were refinanced in June 2012 by the Series B of 2012 Bonds issued by JHS as described in Note 9 below. As a result of this transaction, TJUH recognized a loss on extinguishment of \$470,181 in June 2012.

- (c) On December 10, 2009, Bank of America N.A. provided a mortgage loan to TJUH. The loan proceeds were used to fund the acquisition of the property located at 925 Chestnut Street, Philadelphia, Pennsylvania. The loan bears interest at a rate equal to LIBOR plus 190 basis points with a mortgage-style amortization of 20 years.
- (d) The balance outstanding for the line of credit for Riverview was \$225,000 and \$750,000 as of June 30, 2012 and 2011, respectively.
- (e) On October 9, 2009, a Master Lease Agreement was entered into between TD Equipment Finance, Inc. ("Lessor") and Riverview ("Lessee") for a term of 60 months commencing July 2010 in the amount of \$5,960,718. Lease payments are due on the first day of each month and may be adjusted upward by the Lessor in order to preserve the Lessor's pre-tax yield which is indexed on a one-to-one basis to reflect any increases in the Lessor's cost of funds.
  - In 2010, the operating lease for the Voorhees Ambulatory Facility was recharacterized to a capital lease due to a change in terms of the lease agreement. The Voorhees Ambulatory Facility was capitalized in the amount of \$3,560,794. The original lease was entered into on December 31, 1998. The term of the underlying loan is 25 years which includes rate resets every five years. The rate effective January 1, 2009 and for the ensuing five years is 2.55%.
- (f) On January 7, 2011, a promissory note was issued as partial payment for an Oral Surgery practice in the amount of Sixty Thousand Dollars (\$60,000), together with interest at 4% per annum. The note was repaid during FY12.

### **Capital Leases**

The following is a schedule by years of future minimum lease payments as of June 30, 2012:

2013	1,594,897
2014	1,659,296
2015	1,726,667
2016	529,884
2017	313,927
Thereafter	1,384,278
Total	\$7,208,949

The net book value of property and equipment recorded under capital leases was \$8,210,371 and \$9,052,245 at June 30, 2012 and June 30, 2011, respectively, representing the building value of the Voorhees Ambulatory Facility and certain equipment at Riverview. Accumulated depreciation of the property and equipment recorded under capital leases was \$1,997,546 and \$1,089,844 at June 30, 2012 and June 30, 2011, respectively. Depreciation expense on the outstanding obligations under the capital leases was \$907,702 and \$859,954 in 2012 and 2011, respectively.

Annual maturities of long-term debt for each of the next five years and thereafter are as follows:

2013	\$2,683,054
2014	2,747,454
2015	2,819,825
2016	1,853,042
2017	1,372,085
Thereafter	16,737,145
Total	\$28,212,605

### **Due to Jefferson Health System**

"Due to Jefferson Health System" represents \$294,520,000, excluding unamortized premium of \$2,425,866, which TJUH has agreed to pay JHS pursuant to a certain Group Debt Allocation Agreement among JHS, TJUH, and MLH, collectively referred to as the "Institutions". This agreement allocates the principal and interest owed in connection with the obligations incurred by JHS under an Amended and Restated Master Trust Indenture, which was originally dated November 1, 1997, (collectively, the "Master Obligations") among the Institutions and certain of their respective members.

On April 7, 2005, the Pennsylvania Economic Development Financing Authority issued the Series 2005A Health System Revenue Bonds, maturing on May 15, 2038, in the amount of \$26,720,000. In addition to paying the costs of issuing the bonds, the proceeds of the bonds were used to finance a portion of the costs incurred in the acquisition of the short-term acute care hospital business of St. Agnes Medical Center; a portion of the costs incurred in the expansion of emergency care facilities, capital improvements, equipment purchases and other capital expenditures at Methodist Hospital; and, the costs incurred in the acquisition of a 40% interest in the limited liability partnership established by St. Agnes Medical Center (now named St. Agnes Continuing Care Center) to own and operate St. Agnes Continuing Care Center's new long-term acute care hospital.

The Series 2005A bonds are remarketed weekly and traded at a rate of 0.32% at June 30, 2012. Interest rates ranged from 0.07% to 0.36% during 2012. UBS Financial Services, Inc. ("UBS") is the remarketing agent for the bonds. The bonds may be converted to a daily interest rate, long-term interest rate, bond interest term rate, indexed put rate, or auction rate, as elected by JHS. The bonds also are subject to optional, extraordinary, mandatory, and mandatory sinking fund redemption prior to maturity.

On July 1, 2010, JHS issued \$183,395,000 par amount of Series 2010B Bonds to refinance the Series 1997A and 1997B bonds. The Series 2010B Bonds were issued through the Hospitals and Higher Education Facilities Authority of Philadelphia as of July 1, 2010 to refinance the outstanding portion of the previously issued Series 1997A and 1997B Bonds.

As a result of this transaction, TJUH recognized a loss on extinguishment of \$3,844,488 in July 2010.

On June 21, 2012, JHS issued \$100,000,000 par amount of Series 2012B Bonds through the Montgomery County Industrial Development Authority. JHS used the 2012B Bond proceeds to

refund the Pennsylvania Economic Development Financing Authority's Thomas Jefferson University Hospital Revenue Bonds, Series 2007.

As of June 1, 2012, JHS entered into a Seventh Supplement to the Amended and Restated Master Trust Indenture, which was originally dated November 1, 1997, which provides for, among other things, the issuance from time to time of general unsecured debt obligations of JHS. The Seventh Supplement to the Amended and Restated Master Trust Indenture was entered into in connection with the issuance of the Series A of 2012 and the Series B of 2012. None of the Members of JHS are directly obligated to pay the bondholders the principal or interest on any bonds issued pursuant to the Master Trust Indenture. As of June 30, 2012, the Master Obligations aggregated approximately \$512,900,000.

In addition, JHS entered into an Amended and Restated Contribution Agreement, dated as of June 1, 2012 with certain TJUH entities and certain MLH entities (the "Institutions") whereby the Institutions have agreed to pay, loan or otherwise transfer to JHS such amounts as are necessary to pay the principal of and interest on the Series 2005A, the Series 2010A Bonds, the Series 2010B Bonds, the Series 2012A Bonds and the Series 2012B Bonds.

The Contribution Agreement and Group Debt Allocation Agreement are based on the debt as allocated and principal and interest repayment amounts will be subject to change if these funds are reallocated. As part of this Contribution Agreement, the rate of interest and the annual maturities on the loan from JHS are commensurate with the rate of interest (varying from 0.07% to 0.36% during 2012) and annual maturities on the JHS bonds.

Annual maturities of TJUH's long-term obligation to JHS for each of the next five years and thereafter are as follows:

2013	\$4,940,000
2014	5,125,000
2015	5,280,000
2016	5,450,000
2017	5,660,000
Thereafter	268,065,000
Subtotal	294,520,000
Plus: net unamortized premium	2,425,866
Total	\$296,945,866

In order to fix its interest rates JHS entered into various interest rate swap agreements with notional amounts of \$253,770,000 and \$254,470,000 at June 30, 2012 and June 30, 2011 respectively. All of these swap transactions had a forward starting date within 2008. The London InterBank Offered Rate ("LIBOR") British Bankers' Association ("BBA") rates for the one month ranged from 0.18% to 0.30% (average rate of 0.24%) in 2012. The LIBOR BBA rates for the five year ranged from 0.94% to 2.08% (average rate of 1.25%) in 2012.

Expiration Date	JHS Receives	JHS Pays	Notional Amount at June 30, 2012	Notional Amount at June 30, 2011	Balance Sheet Location	Fair Value at June 30, 2012	Fair Value at June 30, 2011
May 1, 2018	68% of United States Dollar Libor BBA (One Month)	3 8570%	\$19,770,000	\$19,870,000	Noncurrent liability	\$3,352,840	\$2,655,790
May 1, 2027	68% of United States Dollar Libor BBA (One Month)	3 919%	\$74,300,000	\$74,475,000	Noncurrent liability	\$20,202,095	\$11,995,015
May 1, 2027	68% of United States Dollar Libor BBA (One Month)	3 980%	\$42,700,000	\$42,825,000	Noncurrent liability	\$11,870,986	\$7,157,045
May 1, 2027	68% of United States Dollar LIBOR BBA (Five Year minus 0 2930%)	68% of United States Dollar Libor BBA (One Month)	\$74,300,000	\$74,475,000	Noncurrent liability	-\$1,999,232	-\$3,559,096
May 1, 2027	68% of United States Dollar LIBOR BBA (Five Year minus 0 325%)	68% of United States Dollar Libor BBA (One Month)	\$42,700,000	\$42,825,000	Noncurrent liability	-\$307,960	-\$45,994

Nonoperating losses of \$14,915,969 and nonoperating gains of \$4,861,767 on the swap agreements were included in the consolidated statements of operations in 2012 and 2011, respectively. Accumulated losses of \$33,118,730 and \$18,202,761 at June 30, 2012 and 2011, respectively, for these transactions are included in other noncurrent liabilities.

# 10. Commitments and Contingencies:

### **Operating Leases**

TJUH has various lease obligations for buildings, equipment and ambulatory facilities. Lease expenses charged to operations were \$20,198,548 and \$20,063,646 in 2012 and 2011, respectively. At June 30, 2012 the estimated minimum future non-cancelable rental lease commitments are as follows:

2013	\$20,214,324
2014	19,408,295
2015	18,782,416
2016	13,932,275
2017	11,234,061
Thereafter	22,997,598
Total	\$106,568,969

Certain of the future minimum lease payments related to the ambulatory facilities leases are contingent upon the interest rates indexed to various standard financial instruments. In addition, certain leases for office space are on a year-to-year basis.

#### Line of Credit

TJUH had available unsecured lines of credit totaling \$15,750,000 as of June 30, 2012 and June 30, 2011. Outstanding amounts were \$225,000 and \$750,000 as of June 30, 2012 and June 30, 2011, respectively. The \$15,000,000 line of credit expires on April 30, 2013 while the \$750,000 line of credit was closed on August 2, 2012.

### **Letters of Credit**

TJUH had available open letters of credit aggregating \$25,440,000 at June 30, 2012 and June 30, 2011, respectively. The letters of credit expire between December 31, 2012 and June 30, 2014.

# Litigation

TJUH is involved in litigation and regulatory investigations arising in the ordinary course of business. In the opinion of management, all such matters are adequately covered by commercial insurance or by accruals, and if not so covered, are without merit or are of such kind, or involve such amounts, as would not have a material adverse effect on the financial position or results of operations of TJUH.

On November 20, 2009, a class action lawsuit was filed against JHS and the Members by certain hourly employees alleging restitution for unfair business practices, injunctive relief for unfair business practices, failure to pay overtime wages, and penalties associated therewith. On September 8, 2011, the Court granted the defendants' motions to dismiss all asserted claims but provided the plaintiffs with thirty days to file a second complaint. Plaintiffs filed a second amended complaint on November 10, 2011. Plaintiffs agreed to withdraw the RICO claim and their claims against individual defendants when they were confronted with a Rule 11 letter related to the RICO claim. On February 10, 2012, they filed a Third Amended Complaint. JHS filed a motion to dismiss the entire Third Amended Complaint. On August 8, 2012, the Court dismissed the Third Amended Complaint with prejudice to plaintiffs' claim under the Fair Labor Standards Act. The Court dismissed the state law claims without prejudice, allowing plaintiffs to file those claims in state court. On September 15,

# TJUH System Notes to Consolidated Financial Statements June 30, 2012 and 2011

# 10. Commitments and Contingencies, continued:

2012, Plaintiffs appealed all orders in this matter. The matter is now in the United States Court of Appeals for the Third Circuit. No scheduling order has been issued at this time.

JHS is unable to determine the cost of defending such a lawsuit or the impact, if any, this action may have on its results of operations

# 11. Related Party Transactions:

#### **Thomas Jefferson University**

Services provided by TJU to TJUH include physician and non-physician personnel and other support services necessary to preserve and maintain the tertiary care capacity of TJUH. TJU also provides office and clinical space, as well as administrative, finance, human resources, information technology, maintenance, security, temporary staffing and other ancillary services to TJUH. Expenses charged for these services aggregated \$182,993,313 and \$175,884,239 in 2012 and 2011, respectively. The costs in 2012 and 2011, respectively, include \$12,000,000 and \$17,500,000, respectively to offset a portion of professional liability expense incurred by Jefferson University Physicians ("JUP"), an affiliate of TJU.

TJUH provides TJU with certain office and clinical space, as well as housekeeping, catering, employee health, information systems, telecommunications, supply chain management, and other support services. Expenses charged to TJU for these services aggregated \$38,196,721 and \$37,259,182 in 2012 and 2011, respectively.

### **Jefferson Health System**

TJUH has been charged a management fee, internal audit fees and information systems support costs by JHS of \$3,890,384 and \$4,434,491 in 2012 and 2011, respectively. TJUH has recorded expense related to the JHS bonds of \$7,763,141 and \$8,018,165 in 2012 and 2011, respectively.

TJUH has been charged by MLH for management support services, rent, and clinical lab services. Expenses charged for these services aggregated \$1,168,731 and \$1,066,801 in 2012 and 2011, respectively.

TJUH provided various services to MLH and Magee for biomedical engineering, physician referral, residency program, laundry, pastoral care, accounting management, temporary patient care, and equipment rental. Expenses charged to affiliates for these services aggregated \$1,917,054 and \$1,900,749 in 2012 and 2011, respectively.

# TJUH System Notes to Consolidated Financial Statements June 30, 2012 and 2011

### 12. Pension Plan:

TJUH has a non-contributory defined benefit plan covering full-time employees who were at least age 50 or had 15 years of service as of June 30, 2004 and elected to remain in the defined benefit plan. Generally, benefits under the plan are based on the employee's compensation and years of service. Contributions to the plan are designed to meet the minimum funding requirements of the Employee Retirement Income Security Act of 1974 ("ERISA").

Items included in unrestricted net assets represent amounts that have not been recognized in net periodic pension expense. The components recognized in unrestricted net assets as of June 30, 2012 and 2011 include:

	2012	2011
Amounts recognized in unrestricted net assets		
Net actuarial loss	\$111,346,548	\$70,195,953
Total	\$111,346,548	\$70,195,953

The net actuarial loss amortized from unrestricted net assets into net periodic benefit cost was as follows:

	2012	2011
Net actuarial loss	\$4,117,385	\$5,685,272

The following table sets forth the change in the projected benefit obligation and the change in the fair value of plan assets based on the measurement date, as well as the amounts recognized in the accompanying consolidated financial statements at June 30, 2012 and 2011:

	2012	2011
Accumulated benefit obligation, end of year	\$310,238,246	\$265,384,382
Change in projected benefit obligation		
Benefit obligation, beginning of year	\$291,456,291	\$274,704,722
Service cost	6,182,187	6,361,473
Interest cost	15,904,584	14,278,899
Actuarial loss	33,487,616	1,993,382
Benefits paid	(6,823,093)	(5,882,185)
Projected benefit obligation, end of year	\$340,207,585	\$291,456,291
Change in plan assets		
Fair value of plan assets, beginning of year	\$201,142,944	\$159,683,551
Actual return on plan assets, net of expenses	5,163,039	30,057,946
Employer contributions	14,618,176	17,283,632
Benefits paid	(6,823,093)	(5,882,185)
Fair value of plan assets, end of year	\$214,101,066	\$201,142,944
Net pension liability, end of year	(\$126,106,519)	(\$90,313,347)
Amounts recognized in the consolidated balance sheets		
consist of		
Noncurrent liabilities	(126,106,519)	(90,313,347)
Total recognized in the consolidated balance sheets	(\$126,106,519)	(\$90,313,347)

The weighted-average assumptions used in measurement of the projected benefit obligation were as follows:

	2012	2011
Discount rate	4 68%	5 53%
Expected return on plan assets	7 75%	8 25%
Rate of compensation increase	3 25%	3 25%

The following table sets forth the periodic benefit cost activity of the Plan at June 30, 2012 and 2011:

	2012	2011
Components of net periodic pension cost		_
Service cost	\$6,182,187	\$6,361,473
Interest cost	15,904,584	14,278,899
Expected return on plan assets	(16,943,403)	(13,596,893)
Actuarial loss	4,117,385	5,685,272
Net periodic cost	\$9,260,753	\$12,728,751
Other changes in plan assets and benefit obligation		
recognized in changes to unrestricted net assets		
Net actuarial loss (gain) arising during measurement period	45,267,980	(14,467,671)
Amortization of actuarial loss	(4,117,385)	(5,685,272)
Total recognized in changes to unrestricted net assets	\$41,150,595	(\$20,152,943)

The weighted-average assumptions used in measurement of the periodic pension costs were as follows:

	2012	2011
Discount rate	5 53%	5 26%
Expected return on plan assets	8 25%	8 25%
Rate of compensation increase	3 25%	3 50%

For its defined benefit pension plan, TJUH pools funds for investment with TJU and utilizes the unitization method of accounting for investments in pooled funds. TJUH had 65% and 66% of the total shares of the pooled funds at June 30, 2012 and 2011, respectively.

A summary of the Plan's targeted and actual asset allocations are as follows:

		% of Actual	% of Actual
	Targeted	Plan Assets	Plan Assets
	Range	2012	2011
Cash	0-5%	3%	6%
Stocks - Domestic	35-45%	35%	35%
Stocks - International	12-18%	18%	19%
Bonds	27-33%	33%	29%
Real Estate and Other	9-21%	11%	11%
Total		100%	100%

_	Assets at Fair Value as of June 30, 2012							
	Level 1	Level 2	Level 3	Total				
Domestic equity	\$26,865,830	\$36,367,211	\$0	\$63,233,041				
Global equity	0	10,863,153	0	10,863,153				
International equity	0	27,611,108	0	27,611,108				
Real assets	0	5,366,579	1,427,841	6,794,420				
Private equity/Venture capital	0	56,496	2,713,466	2,769,962				
Hedge funds	0	0	24,300,488	24,300,488				
Fixed income	0	71,801,243	0	71,801,243				
Cash	(3,227,638)	9,955,289	0	6,727,651				
Total	\$23,638,192	\$162,021,079	\$28,441,795	\$214,101,066				

_	Assets at Fair Value as of June 30, 2011							
	Level 1	Level 2	Level 3	Total				
Domestic equity	\$27,620,604	\$33,548,071	\$0	\$61,168,675				
Global equity	0	9,885,881	0	9,885,881				
International equity	0	29,628,895	0	29,628,895				
Real assets	0	0	1,214,571	1,214,571				
Private equity/Venture capital	0	5,507,776	3,710,188	9,217,964				
Hedge funds	0	0	20,414,492	20,414,492				
Fixed income	3,905,055	54,148,666	0	58,053,721				
Cash	(773,274)	12,332,019	0	11,558,745				
Total	\$30,752,385	\$145,051,308	\$25,339,251	\$201,142,944				

The portfolio utilizes a long-term asset allocation strategy that allows management to rebalance the asset allocation back to target levels on a monthly basis. Short-term compliance with the target ranges can be impacted by the severity of market conditions.

The expected long-term rates of return for the Plan's assets are based on the historical return of each of the above categories, weighted based on the target allocations for each class.

A roll forward of those assets and liabilities as Level 3 within the fair value hierarchy by TJUH is as follows:

Description	Hedge Fund	Real Estate	PE/VC	Total
Opening balance	\$20,414,492	\$1,214,571	\$3,710,188	\$25,339,251
Acquisitions	14,148,739	185,183	(36,279)	14,297,643
Dispositions	(8,315,993)	(157,477)	(943,442)	(9,416,912)
Realized gain/(loss)	465,609	(503,064)	83,271	45,816
Unrealized gain/(loss)	(2,412,359)	688,628	(100,272)	(1,824,003)
Closing balance at June 30, 2012	\$24,300,488	\$1,427,841	\$2,713,466	\$28,441,795

Description	Hedge Fund	Real Estate	PE/VC	Total
Opening balance	\$19,278,345	\$1,073,742	\$7,804,257	\$28,156,344
Acquisitions	-	13,081	1,947,554	1,960,635
Dispositions	(118,854)	(117,121)	(6,974,869)	(7,210,844)
Realized gain/(loss)	(371,802)	(155,631)	1,488,601	961,168
Unrealized gain/(loss)	1,626,803	400,500	(555,355)	1,471,948
Closing balance at June 30, 2011	\$20,414,492	\$1,214,571	\$3,710,188	\$25,339,251

Projected benefit payments for the next ten years are as follows:

2013	\$8,964,000
2014	10,239,000
2015	11,668,000
2016	13,170,000
2017	14,835,000
2018 - 2021	98,026,000
Total	\$156,902,000

In aggregate, TJUH projects it will make contributions of approximately \$16.8 million to the plan in 2013.

Effective July 1, 2004, TJUH established a defined contribution plan for the following non-union and non-faculty employee groups: new employees; employees below the age of 50; and, employees with less than 15 years of service. Employees age 50 and over and employees with 15 or more years of service were given the option to stay in the defined benefit plan or switch to the new defined contribution plan. Employees who moved to the new defined contribution plan no longer accrue benefits in the defined benefit plan. Their previously accumulated benefits will be distributed to them upon retirement or termination. The defined contribution plan formula includes a fixed employer contribution of 4.5% and a matching contribution of 25% of the first 6% of employee contributions. Employer contribution expenses were \$13,843,569 and \$12,044,762 in 2012 and 2011, respectively. An employer contribution of 9% to 13% exists for senior faculty administration based upon age and years of service. Employer contribution expenses for senior faculty administration were \$2,503,500. and \$2,472,646, in 2012 and 2011, respectively. These amounts have been included in the accompanying consolidated statements of operations and changes in net assets.

### Participation in Multiemployer Defined Benefit Pension Plan

Through its affiliation with TJU, TJUH is a participating employer in The Pension Fund for Hospital and Health Care Employees – Philadelphia and Vicinity (the "Pension Fund"), a jointly-trusteed multiemployer defined benefit pension plan. The Pension Fund is operated for the benefit of Chapter 1199C of the American Federation of State, County and Municipal Employees (the "Union"). Information about the Pension Fund and TJUH's participation is summarized below:

The employer identification number for the Pension Fund is 23-2627428.

TJUH contributions to the Pension Fund were \$3,607,713 and \$3,388,953 for each of the years ended June 30, 2012 and 2011, respectively. These contributions represent approximately 28% and 27% of contributions to the Pension Fund, respectively.

The collective bargaining agreement with 1199C expired on June 30, 2012. A new six-year agreement was approved on July 1, 2012. For the year ended June 30, 2012, TJUH contributed approximately 10% of covered payroll to the Pension Fund and increases to 12.5% for the year beginning July 1, 2012.

For the Plan Years beginning January 1, 2010 and 2011, the Pension Fund was determined to be in critical status (also referred to as red zone status) under the Pension Protection Act of 2006. Accordingly, the Pension Fund is subject to a funding improvement plan.

At December 31, 2011, the most recent date for which such information is available, the projected benefit obligation of the Pension Fund exceeded the plan assets by \$179,858,589.

# TJUH System Notes to Consolidated Financial Statements June 30, 2012 and 2011

# 13. Professional Liability Claims:

TJUH's professional liability insurance program is administered by JHS. TJUH has accrued professional liability claims of \$114,676,291 and \$103,195,177 at June 30, 2012 and 2011, respectively, of which \$12,022,884 and \$9,860,519 were current. TJUH has recognized professional liability expenses of \$35,093,871 and \$21,445,290 in 2012 and 2011, respectively. The interest rate used to discount malpractice claims was 3% at June 30, 2012 and 2011.

The first ("primary") layer of coverage is claims-made coverage with limits of \$500,000 per medical incident and \$2,500,000 annual aggregate per hospital and \$500,000 per medical incident and \$1,500,000 annual aggregate per physician. The limits for this primary coverage layer are statutorily prescribed in Pennsylvania. In addition, a \$1,000,000 per medical incident and \$3,000,000 annual aggregate limit is provided for scheduled dentists, as well as physicians and residents practicing in Delaware and New Jersey. At June 30, 2012 and 2011, TJUH non-healthcare provider entities are provided with a shared \$1,000,000 per incident and \$3,000,000 annual aggregate limit of liability. JUP non-healthcare provider entities continue to be provided with a shared \$1,000,000 per incident and \$2,000,000 annual aggregate limit of liability. In addition, at June 30, 2012 and 2011, TJUH nonhealthcare provider entities are provided with a shared \$1,000,000 per incident and \$2,000,000 annual aggregate limit of liability. TJUH and its subsidiaries obtain primary hospital and physician professional liability, miscellaneous professional liability and general liability coverage through a policyholder-owned, Vermont-domiciled, risk retention group, Mountain Laurel Risk Retention Group, Inc. (the "RRG"). For professional liability coverage, the RRG is 100% reinsured by a JHSowned, Delaware-domiciled, 501(c) (3) sponsored protected cell insurance company, Five Pointe Professional Liability Insurance Company ("Five Pointe").

The RRG retains the general liability coverage exposure. The RRG provides a \$2,000,000 per incident and \$5,000,000 annual aggregate general liability coverage limit shared by TJUH and the other members of JHS. At June 30, 2012 and 2011, a separate general liability policy with a \$1,000,000 per incident and \$2,000,000 annual aggregate general liability coverage limit is provided to TJUH. The premiums charged for the primary professional and general liability layers of coverage are determined by an independent outside actuary, based on loss and loss adjustment expense experience and other factors, at a 65% confidence level and a 3% discount rate for 2012 and 2011 and include a charge for premium tax and operating expenses.

The second layer of professional liability coverage is provided through Pennsylvania's Medical Care Availability and Reduction of Error Fund (the "MCARE Fund"). This second layer, required by statute, consists of coverage with limits of \$500,000 per incident and \$1,500,000 annual aggregate per hospital and per employed physician/resident at June 30, 2012 and 2011. The annual assessments for MCARE Fund coverage are based on the schedule of occurrence rates approved by the Insurance Commissioner of Pennsylvania for the Pennsylvania Professional Liability Joint Underwriting Association multiplied by an annual assessment percentage. This assessment is recognized as an expense in the period incurred. No provision has been made for future MCARE Fund assessments as the unfunded portion of the MCARE Fund liability cannot be reasonably estimated.

Liabilities for TJUH for potential losses in excess of the primary and MCARE layers up to \$5,000,000 each medical incident and \$5,000,000 aggregate retention excess of a \$7,000,000 each and every medical incident retention are based on actuarially-determined estimates, which reflect a

# 13. Professional Liability Claims, continued:

65% confidence level and a 3% discount rate for 2012 and 2011. These estimates are based on historical information along with certain assumptions about future events. Changes in assumptions for such considerations as medical costs and actual experience could cause these estimates to change.

During 2012 and 2011, TJUH maintained claims-made excess catastrophic professional liability insurance coverage through Five Pointe in the amount of \$90,000,000 per medical incident and \$90,000,000 annual aggregate after a \$5,000,000 each medical incident and \$5,000,000 aggregate retention excess of a \$7,000,000 each and every medical incident retention (inclusive of the primary and MCARE layers of coverage). During 2012 and 2011, Five Pointe reinsured 100% of this risk to six currently A-rated insurers (ACE, Zurich, Allied World, Berkley, Endurance, and Swiss Re). A separate limit of \$90,000,000 per occurrence and \$90,000,000 aggregate is also maintained to provide liability insurance coverage excess of the primary general, auto, employers and aviation liability coverages.

The GAAP presentation for insurance claims and associated insurance recoveries for healthcare organizations is required for 2012 only. Under the new guidance, health care entities are required to reflect their "gross" exposure to claims liabilities with a corresponding receivable for insurance recoveries in order to be consistent with other industries. The amount recorded for 2012 as an other non-current asset and as a portion of non-current accrued professional liability claims is \$103,039,407.

### 14. Workers' Compensation Claims:

Effective July 1, 2002, TJUH began self-insuring its workers' compensation exposures. TJUH accrues for its workers' compensation liability based upon actuarial estimates using a discount rate of 3%. Accrued workers' compensation liabilities were \$16,806,953 and \$16,474,336 at June 30, 2012 and 2011, respectively. These amounts are presented in the accompanying consolidated balance sheets. Workers' compensation expense was \$7,447,173 and \$7,758,618 in 2012 and 2011, respectively.

### 15. Fair Value of Financial Instruments:

The following methods and assumptions were used by TJUH in estimating fair value disclosures for financial statements:

Cash and Cash Equivalents: The carrying amount of cash and cash equivalents

**Short-term investments**: Short-term investments are carried at fair value and are comprised of instruments with an average duration of 1 to 3 years.

**Investments**: The fair values for marketable equity, government, and fixed income securities included in long-term investments are based on quoted market prices. Alternative investments, which are not readily marketable, are carried at estimated fair values as provided by the investment managers and are valued at the latest available unaudited net asset value of the investments.

# 15. Fair Value of Financial Instruments, (continued):

**Assets Whose Use Is Limited**: Assets whose use is limited are comprised of investments held for self-insurance obligations and debt service requirements and are valued as stated above.

**Long-Term Debt Obligations**: Management estimates that the fair value of long-term debt is equal to its carrying value.

**Assets Held by Affiliated Foundation**: Assets held by an affiliated foundation are comprised of investments, which are valued as stated above.

**Due to JHS**: The fair value of long-term debt is based on quoted market prices or estimated using discounted cash flow analyses based on incremental borrowing rates for similar types of borrowing arrangements.

The carrying amounts and fair values of financial instruments at June 30, 2012 and 2011 were as follows:

	20	012	2011			
	Carrying Amount	Fair Value	Carrying Amount	Fair Value		
Balance sheet assets:						
Cash and cash equivalents	\$8,978,298	\$8,978,298	\$30,395,551	\$30,395,551		
Short-term investments	\$209,521,635	\$209,521,635	\$185,031,142	\$185,031,142		
Investments	\$188,092,841	\$188,092,841	\$195,900,663	\$195,900,663		
Assets whose use is limited	\$69,601,613	\$69,601,613	\$41,638,585	\$41,638,585		
Assets held by affiliated foundation	\$7,199,228	\$7,199,228	\$5,882,954	\$5,882,954		
Balance sheet liabilities:						
Long-term debt	\$28,212,605	\$28,212,605	\$131,587,743	\$131,587,743		
Due to JHS	\$296,945,866	\$312,303,207	\$203,298,047	\$204,682,906		
Swap	\$33,118,730	\$33,118,730	\$18,202,761	\$18,202,761		

# 16. Recent Accounting Pronouncements:

### Measuring and Disclosing Fair Value

In 2011, the Financial Accounting Standards Board (FASB) issued a standard, Measuring and Disclosing Fair Value. This guidance clarifies the FASB's intent about the application of existing fair value measurements and requires TJUH to provide enhanced disclosures, most significantly related to unobservable inputs used in a fair value measurement that is categorized within Level 3 of the fair value hierarchy. In addition, the guidance requires a sensitivity analysis to be performed and disclosed regarding those inputs. This guidance is effective prospectively for TJUH on July 1, 2012.

# TJUH System Notes to Consolidated Financial Statements June 30, 2012 and 2011

# 16. Recent Accounting Pronouncements, (continued):

# Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts

In 2011, the FASB issued a standard, Presentation and Disclosure of Patient Service Revenue, the Provision for Bad Debts, and Allowance for Doubtful Accounts. This guidance requires TJUH to modify the presentation of its consolidated statement of operations and changes in net assets by reclassifying the provision for bad debts associated with patient service revenue from an operating expense to a deduction from patient service revenue. Additionally, the guidance requires enhanced disclosure about TJUH's policies for recognizing revenue and assessing bad debts, patient service revenue (net of contractual allowances and discounts), and qualitative and quantitative information about changes in the allowance for doubtful accounts. This guidance will become effective for TJUH on July 1, 2012.

### Intangible - Goodwill and other: Testing Goodwill for Impairment

In September 2011, the FASB issued a standard, Intangible - Goodwill and other: Testing Goodwill for Impairment. This guidance provides TJUH the option to first assess qualitative factors to determine whether it is necessary to perform the current two-step test for goodwill impairment. If an entity believes, as a result of its qualitative assessment, that it is more-likely-than-not that the fair value of a reporting unit is less than its carrying amount, the quantitative impairment test is required. Otherwise, no further testing is required. The adoption of this standard is not expected to have a material impact on our consolidated financial position or results of operations. This guidance will become effective for TJUH on July 1, 2012.

Software ID: Software Version:

**EIN:** 23-2829095

Name: Thomas Jefferson University Hospitals Inc

# Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title Average hours per		(C) Position (check all that apply)					ı	( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Kej emplojee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	tion (W- organizations from	
		ě:	te e			at ed				
ROBERT S ADELSON ESQ TRUSTEE	3 5	Х						0	0	0
ROBERT L BARCHI MD PHD TRUSTEE	5	Х						0	0	0
JANICE R BELLACE ESQ TRUSTEE	4 5	Х						0	0	0
DAVID R BINSWANGER TRUSTEE	1 5	Х						0	0	0
IRA BRIND ESQ TRUSTEE	6 3	Х						0	0	0
CARTER R BULLER ESQ TRUSTEE	2 5	Х						0	0	0
THOMAS COSTELLO TRUSTEE	1 0	Х						0	0	0
JACK FARBER TRUSTEE	5	Х						0	0	0
BRIAN HARRISON TRUSTEE	1 0	Х						0	0	0
RICHARD W HEVNER SECRETARY/TREASURER	5 3	Х						0	0	0
HAROLD A HONICKMAN TRUSTEE	1 5	Х						0	0	0
HYMAN R KAHN MD TRUSTEE	2 5	Х						0	0	0
WILLIAM A LANDMAN CHAIRMAN	4 0	Х						0	0	0
THOMAS J LEWIS III PRES, CEO & TRUSTEE TJUH,INC	400	Х		х				1,214,702	0	132,678
DOUGLAS J MACMASTER JR TRUSTEE	1 0	Х						0	0	0
JOSEPHINE C MANDEVILLE TRUSTEE	2 5	Х						0	0	0
THOMAS B MORRIS ESQ TRUSTEE	1 5	Х						0	0	0
ALBERT P PARKER II ESQ TRUSTEE	1 0	Х						0	0	0
CARO U ROCK TRUSTEE	2 0	Х						0	0	0
MARK L TYKOCINSKI MD TRUSTEE	1 5	Х						0	0	0
ALEX WASILOV TRUSTEE	1 0	Х						0	0	0
R RICHARD WILLIAMS VICE CHAIRMAN	3 8	Х						0	0	0
DAVID P MCQUAID EXEC VICE PRESIDENT & COO	400			х				901,940	0	88,134
NEIL G LUBARSKY SENIOR VP,CFO,ASST TREASURER	400			х				619,682	0	65,550
RONALD P BURD EXEC VP STRATEGY & ORG DEV	400				Х			574,413	0	60,003
			•	•		•	•	1	i I	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and In	uepenue	nt Co	псга	Cto	ГS					
(A) Name and Title	(B) A verage hours (C) Position (check all that apply)				<b>(D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other			
	per week	Individual trustee or director	Institutional Trustee	Officei	Keş emploşee	Highest compensated employee	Former			compensation from the organization and related organizations
STEPHEN TRANQUILLO VP CHIEF INFORMATION OFFICER	40 0				Х			422,067	0	38,336
JAMES E ROBINSON SR VP AND CAO-METHODIST HOSP	40 0				х			388,059	0	36,172
MARY ANN FITZPATRICK S VP PATIENT SERVICES & CNO	40 0				х			386,601	0	42,696
REBECCA O'SHEA SENIOR VP CLINICAL	400				х			336,202	0	38,495
GEORGE T RIZZUTO VP FINANCE METHODIST	40 0				х			291,744	0	36,636
RICHARD J WEBSTER VP PERIOPERATIVE SERVICES	40 0				х			277,227	0	33,978
NANCY RHODES VP REVENUE CYCLE	40 0				х			254,994	0	36,547
ROBERT BURKHOLDER VP SUPPLY CHAIN MANAGEMENT	40 0				Х			223,058	0	35,819
ANDREW NATHANS VP FINANCIAL OPERATIONS	40 0				х			216,795	0	37,215
SHARON MILLINGHAUSEN VP MED/CARDIAC/SPECIALTY SVCS	40 0				Х			212,274	0	34,745
ELEANOR GATES VP SERVICE EXCELLENCE	400				х			204,404	0	34,061
ROBERT DIECIDUE CHAIRMAN ORAL SURGERY	400					Х		511,215	0	37,895
STACEY MEADOWS S VP,GENERAL COUNSEL,ASST SEC	400					Х		505,259	0	47,846
DANIEL TAUB VICE CHAIR ORAL SURGERY	400					Х		439,371	0	32,740
CARMHIEL BROWN SENIOR VP MARKETING	400					Х		321,195	0	42,182
BRIAN SWIFT VP CHIEF OF PHARMACY	400					Х		251,678	0	38,990
SEAN M FITZPATRICK FORMER VP FINANCE - TJUH							х	220,092	0	5,437